

W X  
27  
AC2  
9D6r  
1946





53110430R



NLM 05278316 6

NATIONAL LIBRARY OF MEDICINE



PROPERTY OF THE  
NATIONAL  
LIBRARY OF  
MEDICINE



DUE TWO WEEKS FROM LAST DATE

JAN 30 1953

GPO 881473







1109

PART I. REQUIREMENTS FOR NURSING, CONVALESCENT OR REST HOMES

DEFINITIONS

- I. "HOSPITAL" shall mean any institution, place, building, or agency which maintains and operates organized facilities for the diagnosis, care and treatment of human illness, including convalescence and including care during and after pregnancy, or which maintains and operates organized facilities for any such purpose, and to which persons may be admitted for overnight stay or longer. This includes sanatorium, rest home, nursing home, maternity home, lying-in asylum, and clinics providing overnight care.
- II. "HOSPITALIZATION", within the meaning of the Hospital Licensing Law, is admission to any hospital, institution, place, building, or agency which maintains and operates organized facilities for the diagnosis, care and treatment of human illness, including convalescence and including care during and after pregnancy, or which maintains and operates organized facilities for any such purpose, and to which persons may be admitted for overnight stay or longer. This includes sanatorium, rest home, nursing home, maternity home, lying-in asylum, and clinics providing overnight care.
- III. A NURSING, CONVALESCENT OR REST HOME is any place or institution which makes provisions for bed care for one (1) or more non-related patients who, by reason of illness or physical infirmity, are unable to properly care for themselves.
- IV. "CHRONIC OR CONVALESCENT CARE", within the meaning of the Hospital Licensing Law, is defined as care given to a person because of prolonged physical illness or defect, or during recovery from injury or disease, and shall include any or all of the procedures commonly employed in waiting on the sick, such as administration of medicines, or preparation of special diets, giving of bedside care, application of dressings and bandages, and carrying out of treatments prescribed by a duly licensed practitioner of the healing arts.
- V. "PATIENT".- A patient is a person who is injured, ill or debilitated, or who is under observation or treatment for illness or disease, or who requires chronic or convalescent care.

GENERAL

- I. All hospitals shall conform to the rules and regulations adopted by the State Fire Marshal establishing minimum standards for the prevention of fire and for the protection of life and property against fire and panic and shall secure a clearance relative to fire safety from the local fire authority or the State Fire Marshal certifying that said hospital is complying with the minimum standards of fire prevention and protection established by the State Fire Marshal.
- II. These rules and regulations shall be made available to each employee of the institution and the personnel shall be familiar with the provisions of these rules and regulations.

LICENSE

- I. Separate Licenses Required. Separate licenses are required for institutions maintained in separate premises, even though they are operated under the same management; provided, however, that separate licenses are not required for separate buildings on the same grounds.
- II. Posting of License. The license shall be conspicuously posted on the premises in the front office where patients are admitted.
- III. Capacity. No hospital shall admit more patients than the number of beds for which it is licensed.
- IV. License Not Transferable. The Hospital License is not transferable. The State Department of Public Health shall be notified of any change in ownership, name or location of the hospital and a new application shall be submitted.



DEFINITIONS

- I. "HOSPITAL" shall mean any institution, place, building, or agency which maintains and operates organized facilities for the diagnosis, care and treatment of human illness, including convalescence and nursing care during recovery, or which maintains and operates organized facilities for any such purpose, and in which persons may be admitted for overnight stay or longer. This includes sanatorium, rest home, nursing home, convalescent home, lying-in asylum, and clinics providing overnight care.
- II. "NURSING HOME" shall mean any institution, place, building, or agency which maintains and operates organized facilities for the diagnosis, care and treatment of human illness, including convalescence and nursing care during recovery, or which maintains and operates organized facilities for any such purpose, and in which persons may be admitted for overnight stay or longer. This includes nursing home, rest home, nursing home, convalescent home, lying-in asylum, and clinics providing overnight care.
- III. A NURSING HOME shall mean any institution, place, building, or agency which maintains and operates organized facilities for the diagnosis, care and treatment of human illness, including convalescence and nursing care during recovery, or which maintains and operates organized facilities for any such purpose, and in which persons may be admitted for overnight stay or longer. This includes nursing home, rest home, nursing home, convalescent home, lying-in asylum, and clinics providing overnight care.
- IV. "HOSPITAL OR DISPENSARY CARE" shall mean the meaning of the Hospital Licensing Law, in which an order is given to a person because of physical illness or injury, or during recovery from injury or illness, and which includes any or all of the procedures commonly employed in waiting, examination, such as administration of medicines, or preparation of special diets, giving of bedside care, application of dressings and bandages, and carrying out of treatment prescribed by a duly licensed practitioner of the healing arts.
- V. "PATIENT" shall mean a person who is injured, ill or debilitated, or who is under observation or treatment for illness or disease, or who requires special or convalescent care.

WX  
27  
ACR  
9D6r  
1946

GENERAL

- I. The hospital shall conform to the rules and regulations adopted by the State Board of Hospital Regulation and the provisions of the laws and regulations for the protection of life and property against fire and shall secure a clearance relative to the safety from the local fire authority or the State Fire Marshal or his representative that said hospital is complying with the minimum standards of fire protection and protection established by the State Fire Marshal.
- II. These rules and regulations shall be made available to each employee of the institution and the personnel shall be familiar with the provisions of these rules and regulations.

LICENSE

- I. Separate licenses required. Separate licenses are required for institutions maintained in separate premises, even though they are operated under the same management; provided, however, that separate licenses are not required for separate buildings on the same grounds.
- II. Filing of license. The license shall be conspicuously posted on the premises in the most accessible place where patients are admitted.
- III. Renewal. No hospital shall admit new patients until the license is renewed.
- IV. License and Transfer. The Hospital License is not transferable.
- V. Change of location. If the hospital or institution is moved or a new building is erected, the license shall be notified and a new license shall be obtained.



## I. SUBMISSION OF PLANS FOR ALTERATION OR NEW CONSTRUCTION

When construction is contemplated, either for new buildings, additions to existing buildings, or material alterations to existing buildings, the preliminary plans shall be submitted in quadruplicate to the State Department of Public Health for approval. The preliminary plans shall include, in detail, according to scale the following:

### Plot Plan

1. Size and shape of entire site with over-all dimensions
2. Point of compass and data on prevailing and storm winds where significant
3. Topographical conditions (engineer's survey is required)
4. Location of proposed building on site, its future additions and existing structures
5. Traffic pattern and connections for food circulation, personnel and hospital visitors
6. Service roads and parking areas
7. Buildings on adjacent properties within 40 feet of property (indicate only)
8. Existing growth (trees) and natural barriers (rocks, cliffs, streams, etc.)
9. Adjacent streets, highways, sidewalks, railroads, etc. (Designate major highways, county roads, or residential streets)
10. Show existing sewers and public utilities

### Floor Plan

11. Location, sizes and purposes of all rooms
12. Location of all doors, windows, door swings, etc.
13. Location of plumbing fixtures, bulletin boards, built-in equipment and casework
14. General method of heating, ventilating and lighting
15. Over-all dimensions
16. Possible future additions to the building
17. Tentative furniture and equipment layouts, including nurses' stations

### Elevations (same scale as plans, of at least two sides)

18. Finished floor and ceiling levels
19. Finished outside grades
20. Windows, doors, steps, areas, retaining walls, etc.
21. Materials, especially as related to acoustics and maintenance

### Sections (same scale, to explain condition not made clear in other drawings)

### Miscellaneous

22. Dates of drawings and revisions
23. For auditorium-assembly units of teaching hospitals, seating over 100, evidence that acoustical adequacy has been considered in shape and form

All proposed new hospital construction or alterations shall meet the standards of the 1946 Uniform Building Code of the Pacific Coast Building Officials Conference. In the event of conflict between the Uniform Building Code and the rules and regulations of the State Board of Public Health, as they pertain to new construction or alteration of hospitals, the standards of the State Board of Public Health shall prevail.

After the preliminary plans and drawings have been submitted and tentatively approved by the State Department of Public Health, within ten days of receipt one copy will be returned to the applicant for corrections. The applicant shall then submit, in quadruplicate, blue prints of working drawings and specifications, with the required revisions, to the State Department of Public Health for comparison with the approved preliminary plans, before contract is let, at which time the State Department of Public Health will formally approve the plans or return same for correction, in which case they are to be submitted for final approval. The final approved plans shall then be returned within three weeks.



It is recognized that change orders may be necessary during the course of construction. Telephone or telegraph communication with the State Department of Public Health is required and approval or rejection will be given within a reasonable time on all change orders affecting the health and/or safety of the patient. This approval will be confirmed in writing by both the architect and the State Department of Public Health.

## II. COMMUNICATION

There shall be a telephone in the building, and additional telephones or extensions as required to summon help promptly in case of fire or other emergency.

## III. PHYSICAL PLANT

### A. CONSTRUCTION

#### EXISTING FACILITIES

1. Walls and floors shall be of a character to permit either frequent washing, cleaning or painting.

2. The construction of the building shall be such as to prevent the entrance and harborage of rats and other rodents.

3. The building shall be kept in good repair, clean and sanitary at all times.

4. Construction shall provide for the safety and protection of patients and personnel.

#### NEW CONSTRUCTION

1. Any Nursing, Convalescent or Rest Home not in existence on January 1, 1946 shall be required to provide a one-hour fire resistive building if one story in height, or Type I if multi-storied.

2. Ceilings.--Minimum height of ceilings shall be eight (8) feet.

### B. HEATING

Heating plant shall be adequate to maintain a comfortable temperature for patients and personnel in the institution at all times.

### C. SANITATION

1. Water Supply.-- The water supply shall be of safe, sanitary quality, suitable for use, and shall be obtained from a water supply system, the location, construction, and operation of which comply with the standards approved by the local health department and the State Department of Public Health. The water shall be distributed to adequate and conveniently located taps in the building. Adequate hot water (minimum temperature of 110°F.) shall be available.

2. Sewage Disposal.-- Sewage shall be discharged into a public sewerage system where such a system is available; or the sewage shall be collected, treated and disposed of in an independent sewerage system; either shall have the approval of the local health department and the State Department of Public Health.

3. Plumbing.-- Toilet facilities shall be provided in reasonable ratio according to the number, type and sex of patients cared for, and personnel of the institution.

The plumbing and drainage or other arrangements for the disposal of excreta and infectious discharges and institutional wastes, shall be in accordance with sections 17456 to 17466 inclusive of the Health and Safety Code and will be used by the State Department of Public Health for approval.

Cross connections in plumbing, between safe and potentially unsafe water supplies are prohibited. This refers particularly to toilets, instrument sterilizers, autoclaves, laundry fixtures, boiler rooms, bed-pan washers, hoppers, or other fixtures of similar nature. Water shall be delivered to any fixture, equipment or service above the rim, or points of overflow. All submerged intakes to plumbing fixtures are prohibited unless they are satisfactorily protected against back siphonage.



4. Garbage Disposal.— All garbage shall be stored and disposed of in a manner that will not permit the transmission of a contagious disease, create a nuisance, or provide a breeding place for flies. All containers for garbage shall be water-tight, have tight fitting covers, and be rodent proof. Refrigeration of garbage is desirable.

5. Screens.— Adequate screens of sixteen meshes per inch to protect against flies and other insects shall be provided on doors and windows where necessary. No doors shall be in conflict with fire and panic laws.

#### D. LIGHTING

1. Adequacy.— Each patient's room shall be an outside room with a satisfactory amount of unobstructed natural light. The minimum window area shall be not less than one-eighth of the superficial floor area. More window area is highly desirable.

Every room, including storerooms and attic, shall have sufficient artificial lighting facilities so that all parts shall be clearly visible under such artificial lighting.

All hallways, stairways, inclines, ramps, and entrances shall be well lighted.

Lighting fixtures shall be selected and located with a view to the comfort and safety of patients and personnel. Exposed light globes shall not be used, except in closets and storage spaces.

2. Emergency Lighting.— Emergency lighting facilities shall be provided and distributed so as to be readily available to personnel on duty. Flashlights or battery operated lamps shall be in readiness at all times for use. At no time shall open flame type of light be used.

#### E. VENTILATION

Buildings shall at all times be adequately ventilated. Kitchens, bathrooms, and service rooms shall be so located and ventilated by window or mechanical means as to prevent offensive odors from entering patients' rooms and the public halls.

#### F. ELEVATORS AND STAIRWAYS

1. Elevators.— Elevators and machinery shall be so constructed and maintained as to comply with the regulations of the Division of Industrial Safety, California Department of Industrial Relations.

NEW CONSTRUCTION: In multi-storied buildings elevators may be required by the State Department of Public Health for the comfort and safety of the patients and personnel of the institution.

2. Stairways.— All stairways shall be provided with handrails. All open stair-wells shall be protected with guardrails. Non-slip treads are recommended for existing stairways.

##### NEW CONSTRUCTION

Non-slip treads shall be installed on stairways.

#### G. LAUNDRY

The institution shall make provisions for the proper cleansing of linen and other washable goods.



If the institution maintains and operates its own laundry, safety guards for laundry machinery shall be provided in accordance with the requirements of the Division of Industrial Safety, California Department of Industrial Relations.

#### H. INCINERATION

Adequate incineration facilities shall be provided for the disposal of infected dressings, surgical and obstetrical wastes, and other similar materials; if incomplete combustion occurs facilities shall be provided for auxiliary firing of incinerator.

### IV. FOOD SANITATION

#### A. FACILITIES FOR PREPARATION AND SERVING OF FOOD

There shall be adequate facilities for the proper preparation and serving of food for both patients and personnel.

#### B. FOOD STORAGE

1. Storerooms.- Adequate storerooms shall be clean and well ventilated. All food shall be so stored as to be protected from dust, flies, rodents, vermin, unnecessary handling, droplet infection, overhead leakage, or other source of contamination. Poisons or drugs shall not be stored or kept with food or in such a manner that they might be mistaken for food.

2. Refrigeration.- All perishable food shall be adequately refrigerated. There shall be a reliable thermometer in each refrigerator at all times and in storerooms used for perishable food.

#### C. CLEANSING AND DISINFECTION OF DISHES

All multi-use utensils used for eating, drinking, and in the preparation or serving of food and drink shall be effectively cleaned and disinfected after each usage. Gross food particles should be removed by careful scraping and pre-rinsing in running water. Brushes, baskets and sprays are suggested. The dishes shall be thoroughly washed in hot water (minimum temperature of 110°F.) using an adequate amount of effective soap or detergent. Following this, the utensils shall be rinsed in hot water to remove soap, and disinfected by one of the following methods, or the equivalent, as approved by the State Department of Public Health:

1. Immersion for at least 2 minutes in clean water at 170°F.
2. Immersion for at least one-half minute in boiling water.

Steam or hot water cabinets can be made effective with steam jets.

Results obtained with dishwashing machines shall be equal to those obtained by the methods outlined above.



After disinfection, the utensils shall be allowed to drain and dry in racks or baskets on non-absorbent surfaces. Drying cloths are not recommended. Dishes shall be stored in closed cupboards.

#### D. CONSTRUCTION OF GLASS-FILLING DEVICES

Every mechanical water glass-filling device shall be constructed so as to prevent any contact of the upper one-third of the glass with the device, and in addition, so that no portion of the device extends into the glass.

#### E. ICE

All ice used in contact with food or drink shall be from a satisfactory source, and handled and dispensed in a sanitary manner.

#### F. MILK SUPPLY

There shall be a safe milk supply. Pasteurized Grade A milk shall be provided if available.

#### G. HAND-WASHING FACILITIES FOR FOOD HANDLERS

There shall be adequate hand-washing facilities, with soap, running water, and an adequate supply of individual towels, in all kitchens, including diet kitchens, and in wash-rooms used by food handlers. Use of a common towel is prohibited.

### V. ACCOMMODATIONS FOR PATIENTS

#### A. ROOMS

1. Location. - Each patient's room shall have an outside exposure. Rooms extending below ground level shall not be used for patients unless they are dry, well ventilated, have the required window space, and otherwise suitable for occupancy.

In new construction no patient's room shall be allowed below ground level.

2. Floor Area. - Rooms shall be of sufficient size to allow not less than 60 square feet of superficial floor space per bed, with at least 3 feet between beds.

In new construction there shall be 70 square feet of superficial floor space per bed with at least 3 feet between beds.

3. Isolation Room. - There shall be made available a room or rooms which shall be used for isolation of a patient or patients with communicable disease and for seriously ill or terminal cases.

#### B. FURNISHINGS

1. Bed. - A good bed, mattress, and 2 pillows of standard size shall be provided for each patient. After discharge of any patient the bed and bed furnishings, bedside furniture and equipment shall be thoroughly cleansed.



2. Bedding.-- A sufficient supply of clean bedding and bed linen shall be kept on hand for use at all times.

3. Storage Space.-- There shall be satisfactory storage space for clothing, toilet articles, and other personal belongings of patients.

4. Signals.-- Means for signaling attendants shall be provided at the bedside of patients confined to bed. Hand bells are acceptable for use in small institutions.

## VI. FACILITIES AND EQUIPMENT FOR CARE

### A. SPACE REQUIREMENT

There shall be adequate space and facilities for the proper cleansing and storage of nursing supplies and equipment. Suitable provision shall be made for the preparation of medications and treatments.

Utility rooms shall have adequate lighting and ventilation. They shall be conveniently located for efficient conduct of work.

A bed-pan hopper shall be provided in each utility room and/or bed-pan cleansing room. The bath-tub, lavatory or laundry tray shall not be used for cleaning of bed-pans.

### B. EQUIPMENT FOR BEDSIDE CARE

There shall be sufficient equipment for nursing care according to the type of patients accepted by the institution. The following is not a complete list of nursing equipment needed for the care of patients; the aim, rather, has been to include certain minimum essentials and point out special precautions which shall be taken in their use.

1. Linen.-- Individual towels, wash cloths, and bath blankets (if indicated) shall be provided for each patient.

Bed-pan covers shall not be used interchangeably.

2. Utensils.-- There shall be a sufficient number of wash basins, mouth-wash cups, and bedpans, plainly marked, for the use of each individual patient, provided that where utensils are sterilized after each using they need not be kept individual. Approved methods of sterilizing such equipment shall be by one of the following methods:

- (a) Submersion in boiling water for a minimum of 15 minutes
- (b) Autoclaving (15 lbs. pressure 250° F. for 20 to 30 minutes)
- (c) Live steam sterilization for a minimum of 5 minutes

3. Thermometers.-- There shall be a sufficient number of thermometers to permit adequate disinfection before using.

4. Hot Water Bags.-- Hot water bags shall be covered before placing in beds. If electric heating pads are used they shall be maintained in good repair. (It is recommended that hot water bags, if used, should be checked to see that the water is not too hot and that the bags are not leaking.)

5. Restraints.--

(a) General: Restraints may be applied only when they are necessary to prevent injury to the patient or others, shall be used only when alternative measures are not sufficient to accomplish these purposes,



and on written order of physician. In applying restraints careful consideration shall be given to the methods by which they can be speedily removed in case of fire or other emergency.

(b) In small institutions (6 patients or less) side guards on the bed may be found adequate.

6. First Aid.— Equipment and supplies for first aid shall be readily available at all times.

#### C. STORAGE OF MEDICINES

1. All medicines, poisons, stimulants and other drugs or biologicals shall be plainly labeled and stored in a specially designated and well illuminated medicine cabinet, closet, refrigerator, or storeroom and made accessible only to responsible personnel.

2. There shall be separate plainly labeled compartments in the medicine cabinet for the storage of:

(a) Poisons

(b) Medications for internal use

(c) Medications for external use only

3. Narcotics shall be stored and dispensed subject to State and Federal Narcotic Regulations.

4. Drugs individually prescribed and medicines for patients who have left the institution shall be discarded.

#### D. STERILIZATION OF SUPPLIES

1. Sterilizing Equipment.— There shall be provision for the proper sterilization of dressings, utensils, instruments and solutions, if such are used in the institution.

2. Check of Sterilizer Performance.— The hospital shall adopt a method of checking sterilizer performance approved by the Department.

3. Storage of Supplies.— A cabinet, cupboard, or other suitable enclosed space shall be provided for keeping sterile equipment and supplies in a clean, convenient and orderly manner. Special precautions shall be taken so that sterile supplies may not be mixed with unsterile supplies.

#### E. HAND-WASHING FACILITIES

Adequacy.— Hand-washing facilities shall be provided in examining and treatment rooms; in main and diet kitchens; in utility and other service rooms; in toilet rooms; and in rooms used for isolation of patients. Lavatories in other patients' rooms are desirable.

### VII. PERSONNEL

#### A. MEDICAL ATTENDANCE

1. All persons admitted to any institution covered by these standards shall be under the care of a person duly licensed to practice the healing arts in California. The name, address and telephone number of the physician or physicians attending each patient shall be recorded for ready reference.

2. All institutions covered by these standards shall arrange for one or more duly licensed practitioners of the healing arts to be called in emergency.



3. No medication or treatment shall be given in institutions covered by these standards except on the written order of one lawfully authorized to give such order.

## B. NURSING SERVICE

1. Nurse in Charge.— A registered nurse shall be employed and made responsible for nursing care in institutions having patients who require the services of a registered nurse.

2. Nursing and Other Personnel.— Sufficient personnel shall be employed to give adequate care to patients both day and night. Provisions shall be made for nursing coverage during vacation or other relief periods.

## XIII. CARE OF PATIENTS

Each patient shall daily be given such PROPER personal attention and care, including personal hygiene, as is ordered or indicated.

For patients isolated for communicable disease there shall be used an approved contagious disease technique.

## IX. RECORDS

All records shall be permanent, either typewritten or legibly written with pen and ink. Records for adults shall be kept for seven years following the date of discharge. Records for minors shall be kept for one year after they reach the age of 21 years.

1. A record shall be kept in a satisfactory manner, such as a bound book or permanent file, on a yearly basis, on each patient admitted to any hospital.

2. The minimum record shall consist of:

Name	Diagnosis
Admittance Address	Nursing notes
Age	Medication orders
Sex	Progress notes
Marital Status (M S D W)	Name and address of person or agency responsible for patient
Date of Admission	
Date of Discharge	Name, address and telephone number of attending physician

## X. REPORTS

Any occurrence, such as epidemic outbreaks, poisonings or other unusual occurrences, which threatens the welfare, safety or health of any patient admitted to any of the institutions covered by the Hospital Licensing Law, or the rules and regulations pertaining thereto, shall be immediately reported, either by telephone or telegram to the local Health Officer. The institution shall furnish such other pertinent information related to such occurrences as the local or State Department of Public Health may require.



All institutions shall submit annual reports to the State Department of Public Health on forms which will be supplied for this purpose.

These reports shall consist of;

- Total number of Admissions during year
- Total number of discharges during year
- Total number of deaths during year
- Bed capacity
- Average percentage of bed occupancy
- Total patient days
- Average length of stay
- Report of any changes in structure and/or services  
within the past year
- Report of any contemplated changes in the next year

Adopted by the State Board of Public Health

September 6, 1920

W. A. ...



PART II. REQUIREMENTS FOR SMALL GENERAL HOSPITALS AND CLINICS

DEFINITIONS

- I. "HOSPITAL" shall mean any institution, place, building, or agency which maintains and operates organized facilities for the diagnosis, care and treatment of human illness, including convalescence and including care during and after pregnancy, or which maintains and operates organized facilities for any such purpose, and to which persons may be admitted for overnight stay or longer. This includes sanatorium, rest home, nursing home, maternity home, lying-in asylum, and clinics providing overnight care.
- II. "HOSPITALIZATION", within the meaning of the Hospital Licensing Law, is admission to any hospital, institution, place, building, or agency which maintains and operates organized facilities for the diagnosis, care, and treatment of human illness, including convalescence and including care during and after pregnancy, or which maintains and operates organized facilities for any such purpose, and to which persons may be admitted for overnight stay or longer. This includes sanatorium, rest home, nursing home, maternity home, lying-in asylum, and clinics providing overnight care.
- III. GENERAL HOSPITALS. Institutions staffed and equipped to provide various types of care, as medical, surgical, and maternity.

Hospitals of less than 100 beds shall be considered as Small Hospitals.

These hospitals shall conform to the rules and regulations as herein set forth. In addition: hospitals providing maternity service shall conform to the rules and regulations for Maternity Hospitals, Part IV (A); hospitals admitting tuberculosis patients shall conform to the rules and regulations governing Tuberculosis Hospitals, Part V (A).

CLINICS. Any place or institution with organized clinical facilities for surgery or treatment of patients possibly requiring overnight care, shall conform to the rules and regulations herein set forth.

GENERAL

- I. All hospitals shall conform to the rules and regulations adopted by the State Fire Marshal establishing minimum standards for the prevention of fire and for the protection of life and property against fire and panic and shall secure a clearance relative to fire safety from the local fire authority or the State Fire Marshal, certifying that said hospital is complying with the minimum standards of fire prevention and protection established by the State Fire Marshal.
- II. These rules and regulations shall be made available to each employee of the institution and the personnel shall be familiar with the provisions of these rules and regulations.

LICENSE

- I. Separate Licenses Required. Separate licenses are required for institutions maintained in separate premises, even though they are operated under the same management; provided, however, that separate licenses are not required for separate buildings on the same grounds.
- II. Posting of License. The license shall be conspicuously posted on the premises in the front office where patients are admitted.
- III. Capacity. No hospital shall admit more patients than the number of beds for which it is licensed.
- IV. License Not Transferable. The Hospital License is not transferable. The State Department of Public Health shall be notified of any change in ownership, name or location of the hospital and a new application shall be submitted.



## I. SUBMISSION OF PLANS FOR ALTERATION OR NEW CONSTRUCTION

When construction is contemplated, either for new buildings, additions to existing buildings, or material alterations to existing buildings, the preliminary plans shall be submitted in quadruplicate to the State Department of Public Health for approval. The preliminary plans shall include, in detail, according to scale the following:

### Plot Plan

1. Size and shape of entire site with over-all dimensions
2. Point of compass and data on prevailing and storm winds where significant
3. Topographical conditions (engineer's survey is required)
4. Location of proposed building on site, its future additions and existing structures
5. Traffic pattern and connections for food circulation, personnel and hospital visitors
6. Service roads and parking areas
7. Buildings on adjacent properties within 40 feet of property lines (indicate only)
8. Existing growth (trees) and natural barriers (rocks, cliffs, streams, etc)
9. Adjacent streets, highways, sidewalks, railroads, etc. (Designate major highways, county roads, or residential streets)
10. Show existing sewers and public utilities

### Floor Plan

11. Location, sizes and purposes of all rooms
12. Location of all doors, windows, door swings, etc.
13. Location of plumbing fixtures, bulletin boards, built-in equipment and casework
14. General method of heating, ventilating and lighting
15. Over-all dimensions
16. Possible future additions to the building
17. Tentative furniture and equipment layouts, including nurses' stations

### Elevations (same scale as plans, of at least two sides)

18. Finished floor and ceiling levels
19. Finished outside grades
20. Windows, doors, steps, areas, retaining walls, etc.
21. Materials, especially as related to acoustics and maintenance

### Sections (same scale, to explain condition not made clear in other drawings)

### Miscellaneous

22. Dates of drawings and revisions
23. For auditorium-assembly units of teaching hospitals, seating over 100, evidence that acoustical adequacy has been considered in shape and form



All proposed new hospital construction or alteration shall meet the standards of the 1945 Uniform Building Code of the Pacific Coast Building Officials Conference. In the event of conflict between the Uniform Building Code and the rules and regulations of the State Board of Public Health, as they pertain to new construction or alteration of hospitals, the standards of the State Board of Public Health shall prevail.

After the preliminary plans and drawings have been submitted and tentatively approved by the State Department of Public Health, within ten days of receipt one copy will be returned to the applicant for corrections. The applicant shall then submit, in quadruplicate, blue prints of working drawings and specifications, with the required revisions, to the State Department of Public Health for comparison with the approved preliminary plans, before contract is let, at which time the State Department of Public Health will formally approve the plans or return same for correction, in which case they are to be re-submitted for final approval. The final approved plans shall then be returned within three weeks.

It is recognized that change orders may be necessary during the course of construction. Telephone or telegraph communication with the State Department of Public Health is required and approval or rejection will be given within a reasonable time on all change orders affecting the health and/or safety of the patient. This approval will be confirmed in writing by both the architect and the State Department of Public Health.

## II. COMMUNICATION

There shall be a telephone in the building, and additional telephone or extensions as required to summon help promptly in case of fire or other emergency.

## III. PHYSICAL PLANT

### A. CONSTRUCTION

#### EXISTING FACILITIES:

1. Walls and floors shall be of a character to permit either frequent washing, cleaning or painting.
2. The construction of the building shall be such as to prevent the entrance and harborage of rats and other rodents.
3. The building shall be kept in good repair, clean and sanitary at all times.
4. Construction shall provide for the safety and protection of patients and personnel.

#### NEW CONSTRUCTION:

CEILINGS- Ceilings shall be minimum height of eight (8) feet.  
CORRIDORS-Minimum width of corridors shall be eight (8) feet.

### B. HEATING

Heating plant shall be adequate to maintain a comfortable temperature for patients and personnel in the institution, at all times.



## C. SANITATION

1. Water Supply.- The water supply shall be of safe, sanitary quality, suitable for use, and shall be obtained from a water supply system, the location, construction, and operation of which comply with the standards approved by the local health department and the State Department of Public Health. The water shall be distributed to adequate and conveniently located taps in the building. Adequate hot water (minimum temperature of 110°F.) shall be available.

2. Sewage Disposal.- Sewage shall be discharged into a public sewerage system where such a system is available; or the sewage shall be collected, treated and disposed of in an independent sewerage system; either shall have the approval of the local health department and the State Department of Public Health.

3. Plumbing.- Toilet facilities shall be provided in reasonable ratio according to the number, type and sex of patients cared for, and personnel of the institution.

The plumbing and drainage or other arrangements for the disposal of excreta and infectious discharges and institutional wastes, shall be in accordance with sections 17456 to 17466 inclusive of the Health and Safety Code and will be used by the State Department of Public Health for approval.

Cross connections in plumbing, between safe and potentially unsafe water supplies are prohibited. This refers particularly to toilets, instrument sterilizers, autoclaves, laundry fixtures, boiler rooms, bed-pan washers, hoppers, or other fixtures of similar nature. Water shall be delivered to any fixture, equipment or service above the rim, or points of overflow. All submerged intakes to plumbing fixtures are prohibited unless they are satisfactorily protected against back siphonage.

4. Garbage Disposal.- All garbage shall be stored and disposed of in a manner that will not permit the transmission of a contagious disease, create a nuisance, or provide a breeding place for flies. All containers for garbage shall be water-tight, have tight fitting covers, and be rodent proof. Refrigeration of garbage is desirable.

5. Screens.- Adequate screens of sixteen meshes per inch to protect against flies and other insects shall be provided on doors and windows where necessary. No doors shall be in conflict with fire and panic laws.

## D. LIGHTING

1. Adequacy.- Each patients's room shall be an outside room with a satisfactory amount of unobstructed natural light. The minimum window area shall be not less than one-eighth of the superficial floor area. More window area is highly desirable.

Every room, including storerooms and attic, shall have sufficient artificial lighting facilities so that all parts shall be clearly visible under such artificial lighting.

All hallways, stairways, inclines, ramps, and entrances shall be well lighted.

2. Fixtures.- Lighting fixtures shall be selected and located with a view to the comfort and safety of patients and personnel. Exposed light globes shall not be used, except in closets and storage spaces.

All lighting fixtures in operating rooms, delivery rooms, emergency rooms and anaesthetic rooms, if used, shall have approved lighting and electrical fixtures, approved by the Fire Underwriters Laboratory.



Approved surgical light shall be provided in major operating rooms. In delivery rooms, emergency rooms and minor operating rooms approved portable spotlights shall be provided.

3. Emergency Lighting.- Emergency lighting facilities shall be provided and distributed so as to be readily available to personnel on duty. At no time shall open flame type of light be used. Battery operated lamps or standby units shall be available at all times for use in the operating rooms, delivery rooms, emergency rooms, heating or general power plants and such other places as the hospital administrator deems necessary.

#### E. VENTILATION

1. Buildings shall at all times be adequately ventilated. Kitchens, bathrooms, and service rooms shall be so located and ventilated by window or mechanical means as to prevent offensive odors from entering patients' rooms and the public halls.

2. Adequate precautions shall be taken to prevent the introduction of dust-laden air into operating room.

3. In new construction it shall be required, in all operating rooms, that air conditioning or other ventilating systems be used to maintain a proper temperature and humidity.

#### F. ELEVATORS AND STAIRWAYS

##### 1. Elevators.-

(a) Elevators and machinery shall be so constructed and maintained as to comply with the regulations of the Division of Industrial Safety, State Industrial Accident Commission.

(b) In all multi-floor structures at least one elevator of at least 5 feet 4 inches by 7 feet 10 inches, inside measurements, shall be provided, or adequate ramp.

NEW CONSTRUCTION: In all multi-floor structures at least one elevator of at least 5 feet 4 inches by 7 feet 10 inches, inside measurements, shall be provided.

2. Stairways.- All stairways shall be provided with handrails. All open stairwells shall be protected with guardrails. Non-slip treads are recommended for existing stairways and shall be required in new construction.

#### G. LAUNDRY

1. The institution shall make provision for the proper cleansing of linen and other washable goods.

2. If the institution maintains and operates its own laundry safety guards for laundry machinery shall be provided in accordance with the requirements of the Division of Industrial Safety, State Industrial Accident Commission.

3. Hospitals maintaining and operating laundries shall provide proper ventilation for the elimination of steam and odors and proper insulation to prevent the transmission of noises to patient areas.

#### H. INCINERATION

Adequate incineration facilities shall be provided for the disposal of infected dressings, surgical and obstetrical wastes, and other similar materials; if incomplete combustion occurs facilities shall be provided for auxiliary firing of incinerator.



#### IV. FOOD SANITATION

##### A. FACILITIES FOR PREPARATION AND SERVING OF FOOD

There shall be adequate facilities for the proper preparation and serving of food for both patients and personnel.

##### B. FOOD STORAGE

1. Storerooms.— Adequate storerooms shall be clean and well ventilated. All food shall be so stored as to be protected from dust, flies, rodents, vermin, unnecessary handling, droplet infection, overhead leakage, or other source of contamination. Poisons or drugs shall not be stored or kept with food or in such a manner that they might be mistaken for food.

2. Refrigeration.— All perishable food shall be adequately refrigerated. There shall be a reliable thermometer in each refrigerator at all times and in storerooms used for perishable food.

##### C. CLEANSING AND DISINFECTION OF DISHES

All multi-use utensils used for eating, drinking, and in the preparation or serving of food and drink shall be effectively cleaned and disinfected after each usage. Gross food particles should be removed by careful scraping and pre-rinsing in running water. Brushes, baskets, and sprays are suggested. The dishes shall be thoroughly washed in hot water (minimum temperature of 110°F.) using an adequate amount of effective soap or detergent. Following this, the utensils shall be rinsed in hot water to remove soap, and disinfected by one of the following methods, or the equivalent, as approved by the State Department of Public Health.

1. Immersion for at least 2 minutes in clean water at 170°F.

2. Immersion for at least one-half minute in boiling water.

Results obtained with dishwashing machines shall be equal to those obtained by the methods outlined above.

After disinfection, the utensils shall be allowed to drain and dry in racks or baskets on non-absorbent surfaces. Drying cloths are not recommended. Dishes shall be stored in closed cupboards.

##### D. CONSTRUCTION OF GLASS-FILLING DEVICES

Every mechanical water glass-filling device shall be constructed so as to prevent any contact of the upper one-third of the glass with the device, and in addition, so that no portion of the device extends into the glass.

##### E. ICE

All ice used in contact with food or drink shall be from a satisfactory source, and handled and dispensed in a sanitary manner.

##### F. MILK SUPPLY

There shall be a safe milk supply. Pasteurized Grade A milk shall be provided if available.



## G. HAND-WASHING FACILITIES FOR FOOD HANDLERS

There shall be adequate hand-washing facilities, with soap, running water, and an adequate supply of individual towels, in all kitchens, including diet kitchens, and in wash-rooms used by food handlers. Use of a common towel is prohibited.

## V. ACCOMMODATIONS FOR PATIENTS

### A. ROOMS

1. Location.— Each patient's room shall have an outside exposure. Rooms extending below ground level shall not be used for patients unless they are dry, well ventilated, have the required window space, and otherwise suitable for occupancy.

#### NEW CONSTRUCTION:

- (a) No patient's room shall be allowed below ground level.
- (b) All semi-private rooms shall be provided with cubicle curtains or equivalent equipment.

### 2. Floor Area.—

EXISTING FACILITIES: Rooms shall be of sufficient size to allow not less than 60 square feet of superficial floor space per bed, with at least 3 feet between beds.

NEW CONSTRUCTION: Private rooms shall have a minimum of 100 square feet floor area.

Semi-private rooms or wards shall have at least 70 square feet of superficial floor area per bed with at least 3 feet between beds.

### 3. Doors.—

NEW CONSTRUCTION: All doors to patients' rooms shall have a minimum width of 3 feet 10 inches.

4. Isolation Room.— There shall be made available a room or rooms which shall be used for isolation of a patient or patients with communicable disease and for seriously ill or terminal cases.

### B. FURNISHINGS

1. Bed.— A good mattress and 2 pillows of standard size shall be provided for each patient. All beds shall be Gatch beds or equivalent. Shock bed blocks or equivalent, such as pneumatic lifter, for foot of bed, shall be provided in adequate numbers.

2. Bedding.— A sufficient supply of clean bedding and bed linen shall be kept on hand for use at all times.

### 3. Storage Space.—

EXISTING FACILITIES: There shall be satisfactory storage space for clothing, toilet articles, and other personal belongings of patients.

NEW CONSTRUCTION: Adequate closet space in private rooms and/or lockers in semi-private rooms shall be provided.

4. Signals.— Means for signaling attendants shall be provided at the



bedside of patients confined to bed. A proper call system shall be provided with at least a bell cord for each bed with light over door and controlling number at nurses' station.

## VI. FACILITIES AND EQUIPMENT FOR CARE

### A. SPACE REQUIREMENT

#### EXISTING FACILITIES:

1. There shall be adequate space and facilities for the proper cleansing and storage of nursing supplies and equipment. Suitable provision shall be made for the preparation of medications and treatments.
2. Utility rooms shall have adequate lighting and ventilation. They shall be conveniently located for efficient conduct of work.
3. A bed-pan hopper shall be provided in each utility room and/or bed-pan cleansing room. The bath-tub, lavatory or laundry tray shall not be used for cleaning of bed-pans.
4. Operating Rooms.- All small hospitals shall have at least one major operating room; for all institutions over fifty beds one minor operating room shall also be provided.
5. Pharmacy.- Biologies shall have adequate refrigeration.
6. Radiology.- Small hospitals shall provide diagnostic x-ray facilities with adequate space for the safe handling of patients and personnel while taking films, proper dark room facilities, film storage space and view boxes.
7. Laboratory.- Laboratory space shall be provided if the hospital operates and maintains its own laboratory with adequate space, equipment and supplies for Basal Metabolism, Electrocardiography, Hematology, Urinalysis, Biochemistry, Bacteriology, Serology if done, Tissue Diagnosis and other adjunct laboratory facilities. If the hospital does not operate its own laboratory, adequate working space, equipment and supplies shall be provided for emergency laboratory work such as urinalysis, hemogram, blood typing and cross matching. If reasonable laboratory facilities are not readily available the hospital shall operate its own laboratory.
8. Sterilizer Rooms.- Separate sterilizer rooms shall be required in connection with surgery units.
9. Medical Record Room.- Adequate medical record room shall be provided.

NEW CONSTRUCTION: In addition to the requirements for "Existing Facilities":

1. Bed-pan units shall be provided for disposal, washing and direct sterilization of bed-pans.
2. Nurses' Station: There shall be one nurses' station provided for each nursing unit. Each nurses' station shall be properly equipped with annunciator board, or equipment for patients' calls, medicine cabinet with separate locked section for narcotics and separate section for poison, cabinet space, bulletin board, telephone, adequate sink with running water, and adequate space provided for keeping patients' charts and for doctors and nurses to make records and charts.



3. Closets.— One linen closet and one supply closet shall be required for each nursing unit. A floor equipment room shall be provided to accommodate wheel stretchers and wheel chairs.

4. Dressing Rooms.— Adequate dressing rooms with toilet, shower, lavatory and lockers shall be provided for doctors and nurses.

5. Radiology.— In addition to requirements for "Radiology" in "Existing Facilities", lavatory and toilet with dressing rooms shall be required.

6. Morgue.— A proper well ventilated morgue with satisfactory autopsy facilities shall be provided. If dead bodies are held unembalmed, refrigerated compartments shall be provided.

7. Physiotherapy.— Adequate space shall be provided for Physiotherapy, if done in the hospital.

8. Dental Room.— Adequate facilities for emergency dental work shall be provided.

#### B. EQUIPMENT FOR BEDSIDE CARE

There shall be sufficient equipment for nursing care according to the type of patients accepted by the institution. The following is not a complete list of nursing equipment needed for the care of patients; the aim, rather, has been to include certain minimum essentials and point out special precautions which shall be taken in their use.

1. Linen.— Individual towels, wash cloths, and bath blankets (if indicated) shall be provided for each patient. Bed-pan covers shall not be used interchangeably.

2. Utensils.— There shall be a sufficient number of wash basins, mouth-wash cups, and bedpans, plainly marked, for the use of each individual patient, provided that where utensils are sterilized after each using they need not be kept individual. Approved methods of sterilizing such equipment shall be by one of the following methods:

- (a) Submersion in boiling water for a minimum of 15 minutes
- (b) Autoclaving (15 lbs. pressure 250°F. for 20 to 30 minutes)
- (c) Live steam sterilization for a minimum of 5 minutes

3. Thermometers.— There shall be a sufficient number of thermometers to permit adequate disinfection before using.

4. Hot Water Bags.— Hot water bags shall be covered before placing in beds. If electric heating pads are used they shall be maintained in good repair. It is recommended that hot water bags, if used, should be checked to see that the water is not too hot and that the bags are not leaking.

#### 5. Restraints.—

(a) General: Restraints may be applied only when they are necessary to prevent injury to the patient or to others, shall be used only when alternative measures are not sufficient to accomplish these purposes, and on written order of physician. In applying restraints careful consideration shall be given to the methods by which they can be speedily removed in case of fire or other emergency.

(b) In small hospitals (6 patients or less) side guards on the bed may be found adequate.

6. Equipment.— Oxygen apparatus, either for nasal oxygen or oxygen tents, shall be provided in adequate amounts.

7. Solution Stands.— Separate solution stands or attachments to the bed shall be provided for the proper administration of intravenous or subcutaneous fluids or solutions.



## C. STORAGE OF MEDICINES

1. All medicines, poisons, stimulants and other drugs or biologicals shall be plainly labeled and stored in a specially designated and well illuminated medicine cabinet, closet, refrigerator, or storeroom and made accessible only to responsible personnel.

2. There shall be separate plainly labeled compartments in the medicine cabinet at the nursing station for the storage of:

- (a) Poisons
- (b) Medications for internal use
- (c) Medications for external use only

3. Narcotics shall be stored and dispensed subject to State and Federal Narcotic Regulations.

4. Drugs individually prescribed and medicines for patients who have left the hospital shall be discarded. If there is a pharmacy in the hospital all drugs individually prescribed and medicines for patients who have left the institution shall be returned to the pharmacy.

## D. STERILIZATION OF SUPPLIES

1. Sterilizing Equipment.- There shall be provision for the proper sterilization of dressings, utensils, instruments and solutions.

2. Check of Sterilizer Performance.- The hospital shall adopt a method of checking sterilizer performance, approved by the Department. All new autoclaves shall have approved recording thermometers in addition to a standard mercury thermometer and the records of the recording thermometer shall be preserved for one year.

3. Storage of Supplies.- Adequate cabinets, cupboards or other suitable enclosed spaces shall be provided for keeping sterile equipment and supplies in a clean, convenient and orderly manner. All sterilization of supplies and equipment in a hospital shall be under the direct supervision of a registered nurse.

## E. HAND-WASHING FACILITIES

1. Adequacy.- Hand-washing facilities shall be provided in the scrub-up room adjacent to operating, delivery, and labor rooms; in examining and treatment rooms; in main and diet kitchens; in utility and other service rooms; in toilet rooms; in rooms used for isolation of patients; and in nursery. Lavatories in other patients' rooms are desirable.

2. Special features in connection with scrub-up sinks in surgical rooms.- Adequate scrub-up sinks for four people to scrub simultaneously shall be provided for each two operating rooms. These sinks shall be so designed as to permit the proper cleansing of hands and arms without breaking technique. These shall have foot, elbow or knee control of the running water. A clock or other equivalent timing device shall be installed over the scrub-up sink.

## VII. PERSONNEL

### A. MEDICAL ATTENDANCE

1. All persons admitted to any institution covered by these standards shall be under the care of a person duly licensed to practice the healing arts in California. The name, address and telephone number of the physician or



physicians attending each patient shall be recorded for ready reference.

2. All institutions covered by these standards shall arrange for one or more duly licensed practitioners of the healing arts to be called in emergency.

3. No medication or treatment shall be given in institutions covered by these standards except on the written order of one lawfully authorized to give such order.

4. In all hospitals which admit five or more physicians to practice in the institution there shall be an organized staff. Satisfactory evidence shall be maintained by the hospital of such organization.

## B. NURSING SERVICE

1. Nurse in Charge.- A registered nurse with supervising experience shall be in charge of the nursing service.

2. Nursing and Other Personnel.- An adequate number of trained personnel shall be employed to give adequate care to patients both day and night and to adequately staff organized departments. Provision shall be made for nursing coverage during vacation or other relief periods.

## VIII. CARE OF PATIENTS

Each patient shall daily be given such PROPER personal attention and care, including personal hygiene, as is ordered or indicated.

For patients isolated for communicable disease there shall be used an approved contagious disease technique.

## IX. RECORDS

All records shall be permanent, either typewritten or legibly written with pen and ink. Records for adults shall be kept for seven years following the date of discharge. Records for minors shall be kept for one year after they reach the age of 21 years.

1. A record shall be kept in a satisfactory manner, such as a bound book or permanent file, on a yearly basis, on each patient admitted to any hospital.

2. The minimum record shall consist of:

Name  
Admittance Address  
Age  
Sex  
Marital Status (M S D W)  
Date of Admission  
Date of Discharge  
Name and address of person or agency responsible for patient  
Name, address and telephone number of attending physician  
Complete history and physical examination  
Temperature chart, including pulse and respiration  
Admission and working diagnosis  
Diagnosis  
Nursing notes  
Medication orders  
Progress notes



Laboratory reports of all tests done  
Condition of patient at time of discharge with final diagnosis  
Complete surgical record, including anaesthetic record,  
pre-operative diagnosis,  
operative procedure and  
findings,  
post-operative diagnosis,  
and tissue diagnosis on all  
specimens surgically  
removed.

#### X. REPORTS

Any occurrence, such as epidemic outbreaks, poisonings or other unusual occurrences, which threatens the welfare, safety or health of any patient admitted to any of the institutions covered by the Hospital Licensing Law, or the rules and regulations pertaining thereto, shall be immediately reported, either by telephone or telegram to the Local Health Officer. The institution shall furnish such other pertinent information related to such occurrences as the Local or State Department of Public Health may require.

All institutions shall submit annual reports to the State Department of Public Health on forms which will be supplied for this purpose.

These reports shall consist of:

Total number of admissions during year  
Total number of discharges during year  
Total number of deaths during year  
Bed capacity  
Average percentage of bed occupancy  
Total patient days  
Average length of stay  
Number of major operations  
Number of minor operations  
Number of autopsies  
Complete maternity statistics as required by the State Department of Public Health  
Report of any changes in structure and/or services within the past year  
Report of any contemplated changes in the next year

Adopted by the State Board of Public Health

September 6, 1948



STATE OF CALIFORNIA  
DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF HOSPITAL INSPECTION

PART III. REQUIREMENTS FOR LARGE GENERAL HOSPITALS

DEFINITIONS

- I. "HOSPITAL" shall mean any institution, place, building, or agency which maintains and operates organized facilities for the diagnosis, care, and treatment of human illness; including convalescence and including care during and after pregnancy, or which maintains and operates organized facilities for any such purpose, and to which persons may be admitted for overnight stay or longer. This includes sanatorium, rest home, nursing home, maternity home, lying-in asylum, and clinics providing overnight care.
- II. "HOSPITALIZATION", within the meaning of the Hospital Licensing Law, is admission to any hospital, institution, place, building, or agency which maintains and operates organized facilities for the diagnosis, care, and treatment of human illness, including convalescence and including care during and after pregnancy, or which maintains and operates organized facilities for any such purpose, and to which persons may be admitted for overnight stay or longer. This includes sanatorium, rest home, nursing home, maternity home, lying-in asylum, and clinics providing overnight care.
- III. GENERAL HOSPITALS. Institutions staffed and equipped to provide various types of care, as medical, surgical, and maternity.

Hospitals of 100 beds or over shall be considered as Large Hospitals  
These hospitals shall conform to the rules and regulations as herein set forth. In addition; hospitals providing maternity service shall conform to the rules and regulations for Maternity Hospitals, Part IV (A); the hospitals admitting tuberculosis patients shall conform to the rules and regulations governing Tuberculosis Hospitals, Part V (A).

GENERAL

- I. All hospitals shall conform to the rules and regulations adopted by the State Fire Marshal establishing minimum standards for the prevention of fire and for the protection of life and property against fire and panic and shall secure a clearance relative to fire safety from the local fire authority or the State Fire Marshal, certifying that said hospital is complying with the minimum standards of fire prevention and protection established by the State Fire Marshal.
- II. These rules and regulations shall be made available to each employee of the institution and the personnel shall be familiar with the provisions of these rules and regulations.

LICENSE

- I. Separate Licenses Required. Separate licenses are required for institutions maintained in separate premises, even though they are operated under the same management; provided, however, that separate licenses are not required for separate buildings on the same grounds.
- III. Posting of License. The license shall be conspicuously posted on the premises in the front office where patients are admitted.
- III. Capacity. No hospital shall admit more patients than the number of beds for which it is licensed.
- IV. License Not Transferable. The Hospital License is not transferable. The State Department of Public Health shall be notified of any change in ownership, name or location of the hospital and a new application shall be submitted.

## I. SUBMISSION OF PLANS FOR ALTERATION OR NEW CONSTRUCTION

When construction is contemplated, either for new buildings, additions to existing buildings, or material alterations to existing buildings, the preliminary plans shall be submitted in quadruplicate to the State Department of Public Health for approval. The preliminary plans shall include, in detail, according to scale the following:

### Plot Plan

1. Size and shape of entire site with over-all dimensions
2. Point of compass and data on prevailing and storm winds where significant
3. Topographical conditions (engineer's survey is required)
4. Location of proposed building on site, its future additions and existing structures
5. Traffic pattern and connections for food circulation, personnel and hospital visitors
6. Service roads and parking areas
7. Buildings on adjacent properties within 40 feet of property lines (indicate only)
8. Existing growth (trees) and natural barriers (rocks, cliffs, streams, etc.)
9. Adjacent streets, highways, sidewalks, railroads, etc. (Designate major highways, county roads, or residential streets)
10. Show existing sewers and public utilities

### Floor Plan

11. Location, sizes and purposes of all rooms
12. Location of all doors, windows, door swings, etc.
13. Location of plumbing fixtures, bulletin boards, built-in equipment and casework
14. General method of heating, ventilating and lighting
15. Over-all dimensions
16. Possible future additions to the building
17. Tentative furniture and equipment layouts, including nurses' stations

### Elevations (same scale as plans, of at least two sides)

18. Finished floor and ceiling levels
19. Finished outside grades
20. Windows, doors, steps, areas, retaining walls, etc.
21. Materials, especially as related to acoustics and maintenance

### Sections (same scale, to explain condition not made clear in other drawings)



## Miscellaneous

22. Dates of drawings and revisions

23. For auditorium-assembly units of teaching hospitals, seating over 100, evidence that acoustical adequacy has been considered in shape and form

All proposed new hospital construction or alteration shall meet the standards of the 1946 Uniform Building Code of the Pacific Coast Building Officials Conference and the State Board of Public Health. In the event of conflict between the Uniform Building Code and the rules and regulations of the State Board of Public Health, as they pertain to new construction or alteration of hospitals, the standards of the State Board of Public Health shall prevail.

After the preliminary plans and drawings have been submitted and tentatively approved by the State Department of Public Health, within ten days of receipt one copy will be returned to the applicant for corrections. The applicant shall then submit, in quadruplicate, blue prints of working drawings and specifications, with the required revisions, to the State Department of Public Health for comparison with the approved preliminary plans, before contract is let, at which time the State Department of Public Health will formally approve the plans or return same for correction, in which case they are to be re-submitted for final approval. The final approved plans shall then be returned within three weeks.

It is recognized that change orders may be necessary during the course of construction. Telephone or telegraph communication with the State Department of Public Health is required and approval or rejection will be given within a reasonable time on all change orders affecting the health and/or safety of the patient. This approval will be confirmed in writing by both the architect and the State Department of Public Health.

## II. COMMUNICATION

There shall be a telephone in the building, and additional telephones or extensions as required to summon help promptly in case of fire or other emergency.

## III. PHYSICAL PLANT

### A. CONSTRUCTION

#### EXISTING FACILITIES:

1. Walls and floor shall be of a character to permit either frequent washing, cleaning or painting.

2. The construction of the building shall be such as to prevent the entrance and harborage of rats and other rodents.

3. The building shall be kept in good repair, clean and sanitary at all times.

4. Construction shall provide for the safety and protection of patients and personnel.

#### NEW CONSTRUCTION:

Such hospitals in the future shall be Type I construction as defined in the 1946 Uniform Building Code of the Pacific Coast Building Officials Conference and the State Board of Public Health.

1. Total floor areas for various functions in the hospital per bed

shall be a minimum in conformity with acceptable hospital administration and practice. (Ref. Hospital Facilities Section, States Relation Division, United States Public Health Service, etc.)

2. Floors of operating suites, delivery rooms, sterilizing rooms, treatment rooms shall be of impervious floor finish, such as tile or terrazzo or its equal. In the above mentioned rooms and areas where anaesthetic gases are used metal grid or conductive floors shall be provided.

3. Walls of the operating suites, delivery rooms, sterilizing rooms and treatment rooms shall be either terrazzo, tile or its equal to a minimum of six foot wainscot. It is preferable that tile should extend completely up the wall.

4. Coilings in labor rooms, nurseries, utility rooms and nursing stations shall have acoustical treatment. (It is recommended that corridors, pantries, dish-washing and dining areas be similarly treated.)

5. Vision panels shall be required in all double-acting doors.

6. Insulation.-- Adequate insulation shall be provided on all exterior walls and roofs.

7. Coilings.-- Minimum height of coilings shall be eight (8) feet).

8. Corridors.-- Minimum width of all corridors shall be eight (8) feet.

9. Stairways.-- Stairways shall have a minimum width of three feet eight inches. (It is recommended that hospital architects and administrators consult proper references before planning. Such information may be obtained through the Bureau of Hospital Inspection.)

## B. HEATING

Heating plant shall be adequate to maintain a comfortable temperature for patients and personnel in the institution, at all times.

## C. SANITATION

1. Water Supply.-- The water supply shall be of safe, sanitary quality, suitable for use, and shall be obtained from a water supply system, the location, construction, and operation of which comply with the standards approved by the local health department and the State Department of Public Health. The water shall be distributed to adequate and conveniently located taps in the building. Adequate hot water (minimum temperature of 110°F.) shall be available.

2. Sewage Disposal.-- Sewage shall be discharged into a public sewerage system where such a system is available; or the sewage shall be collected, treated and disposed of in an independent sewerage system; either shall have the approval of the local health department and the State Department of Public Health.

3. Plumbing.-- Toilet facilities shall be provided in reasonable ratio according to the number, type and sex of patients cared for, and personnel of the institution.

The plumbing and drainage or other arrangements for the disposal of excreta and infectious discharges and institutional wastes, shall be in accordance with sections 17456 to 17466 inclusive of the Health and Safety Code and will be used by the State Department of Public Health for approval.

Cross connections in plumbing, between safe and potentially unsafe water supplies are prohibited. This refers particularly to toilets, instrument sterilizers, autoclaves, laundry fixtures, boiler rooms, bed-pan washers, hoppers, or other fixtures of similar nature. Water shall be delivered to any fixture, equipment or service above the rim, or points of overflow. All submerged intakes to plumbing fixtures are prohibited unless they are satisfactorily protected against back siphonage.



4. Garbage Disposal.- All garbage shall be stored and disposed of in a manner that will not permit the transmission of a contagious disease, create a nuisance, or provide a breeding place for flies. All containers for garbage shall be water-tight, have tight fitting covers, and be rodent proof. Refrigeration of garbage is desirable. Immediately after emptying of garbage cans they shall be properly steamed.

5. Screenes.- Adequate screenes of sixteen meshes per inch to protect against flies and other insects shall be provided on doors and windows where necessary. No doors shall be in conflict with fire and panic laws.

#### D. LIGHTING

1. Adequacy.- Each patient's room shall be an outside room with a satisfactory amount of unobstructed natural light. The minimum window area shall be not less than one-eighth of the superficial floor area. More window area is highly desirable.

Every room, including storerooms and attic, shall have sufficient artificial lighting facilities so that all parts shall be clearly visible under such artificial lighting.

All hallways, stairways, inclines, ramps, and entrances shall be well lighted.

2. Fixtures.- Lighting fixtures shall be selected and located with a view to the comfort and safety of patients and personnel. Exposed light globes shall not be used, except in closets and storage spaces.

All lighting fixtures in operating rooms, delivery rooms, emergency rooms and anaesthetic rooms, if used, shall have approved lighting and electrical fixtures, approved by the Fire Underwriters Laboratory. Approved surgical light shall be provided in major operating rooms. In delivery rooms, emergency rooms and minor operating rooms approved portable spotlights shall be provided.

3. Emergency Lighting.- Emergency lighting facilities shall be provided and distributed so as to be readily available to personnel on duty. At no time shall open flame type of light be used. Battery operated lamps or standby units shall be available at all times for use in the operating rooms, delivery rooms, emergency rooms, heating or general power plants and such other places as the hospital administrator deems necessary.

#### NEW CONSTRUCTION

In new construction the hospital shall have an available standby source of electricity to provide emergency lighting. (It is recommended that all large hospitals already constructed provide standby lighting units.)

#### E. VENTILATION

1. Buildings shall at all times be adequately ventilated. Kitchens, bathrooms, and service rooms shall be so located and ventilated by window or mechanical means as to prevent offensive odors from entering patients' rooms and the public halls.

2. Adequate precautions shall be taken to prevent the introduction of

dust-laden air into operating room.

#### NEW CONSTRUCTION

New construction shall have mechanical ventilation of operating rooms, delivery rooms, utility rooms, x-ray rooms, kitchen or kitchens, laundry, toilets, utility and work rooms. In addition, all operating rooms, delivery rooms and nurseries shall be air conditioned with thermostatic control to maintain proper temperature and humidity.

#### F. ELEVATORS AND STAIRWAYS

##### 1. Elevators.-

(a) Elevators and machinery shall be so constructed and maintained as to comply with the regulations of the Division of Industrial Safety, State Industrial Accident Commission.

(b) Hospitals shall provide two elevators up to 200 beds. All elevators shall be at least ~~5 feet 4 inches by 7 feet 10 inches~~ <sup>inside measurements</sup> and be conveniently located for the use of patients and personnel. Additional elevators may be required by the Department.

2. Stairways.- All stairways shall be provided with handrails. All open stairwells shall be protected with guardrails. Non-slip treads are recommended for existing stairways and shall be required in new construction.

#### G. LAUNDRY

1. The institution shall make provision for the proper cleansing of linen and other washable goods.

2. If the institution maintains and operates its own laundry, safety guards for laundry machinery shall be provided in accordance with the requirements of the Division of Industrial Safety, State Industrial Accident Commission.

3. Hospitals maintaining and operating laundries shall provide proper ventilation for the elimination of steam and odors and proper insulation to prevent the transmission of noises to patient areas.

#### NEW CONSTRUCTION

In new construction laundry plants shall be constructed in a separate building from the main building in which patients are cared for, or other approved location, and in such relationship to patient areas that steam, odors and noises do not reach patient areas or personnel cared for and housed therein.

#### H. INCINERATION

Adequate incineration facilities shall be provided for the disposal of infected dressings, surgical and obstetrical wastes, and other similar materials; if incomplete combustion occurs facilities shall be provided for auxiliary firing of incinerator.

#### IV. FOOD SANITATION

##### A. FACILITIES FOR PREPARATION AND SERVING OF FOOD

There shall be adequate facilities for the proper preparation and serving



of food for both patients and personnel.

## B. FOOD STORAGE

1. Storerooms.- Adequate storerooms shall be clean and well ventilated. All food shall be so stored as to be protected from dust, flies, rodents, vermin, unnecessary handling, droplet infection, overhead leakage, or other source of contamination. Poisons or drugs shall not be stored or kept with food or in such a manner that they might be mistaken for food.

2. Refrigeration.- All perishable food shall be adequately refrigerated. There shall be a reliable thermometer in each refrigerator at all times and in storerooms used for perishable food.

## NEW CONSTRUCTION

In new construction additional space shall be provided for adequate refrigeration of salads and left-overs.

## C. CLEANSING AND DISINFECTION OF DISHES

All multi-use utensils used for eating, drinking, and in the preparation or serving of food and drink shall be effectively cleaned and disinfected after each usage. Gross food particles should be removed by careful scraping and pre-rinsing in running water. Brushes, baskets, and trays are suggested. The dishes shall be thoroughly washed in hot water (minimum temperature of 110°F.) using an adequate amount of effective soap or detergent. Following this, the utensils shall be rinsed in hot water to remove soap, and disinfected by one of the following methods, or the equivalent, as approved by the State Department of Public Health:

1. Immersion for at least 2 minutes in clean water at 170°F.

2. Immersion for at least one-half minute in boiling water.

Results obtained with dishwashing machines shall be equal to those obtained by the methods outlined above.

After disinfection, the utensils shall be allowed to drain and dry in racks or baskets on non-absorbent surfaces. Drying cloths are not recommended. Dishes shall be stored in closed cupboards.

## D. CONSTRUCTION OF GLASS-FILLING DEVICES

Every mechanical water glass-filling device shall be constructed so as to prevent any contact of the upper one-third of the glass with the device, and in addition, so that no portion of the device extends into the glass.

## E. ICE

All ice used in contact with food or drink shall be from a satisfactory source, and handled and dispensed in a sanitary manner.

## F. MILK SUPPLY

There shall be a safe milk supply. Pastourized Grade A milk shall be provided if available.

## G. HAND-WASHING FACILITIES FOR FOOD HANDLERS

There shall be adequate hand-washing facilities, with soap, running water, and an adequate supply of individual towels, in all kitchens, including diet kitchens, and in wash-rooms used by food handlers. Use of a common towel is prohibited.

## V. ACCOMMODATIONS FOR PATIENTS

### A. ROOMS

1. Location.-- Each patient's room shall have an outside exposure. Rooms extending below ground level shall not be used for patients unless they are dry, well ventilated, have the required window space, and otherwise suitable for occupancy.

#### NEW CONSTRUCTION:

- (a) No patient's room shall be allowed below ground level.
- (b) All semi-private rooms shall be provided with cubicle curtains or equivalent equipment.

2. Floor Area.-- Rooms shall be of sufficient size to allow not less than 60 square feet of superficial floor space per bed, with at least 3 feet between beds.

#### NEW CONSTRUCTION:

- (a) Private rooms shall have a minimum of 100 square feet floor area
- (b) Semi-private rooms, or wards, shall have a minimum of 70 square feet of superficial floor area per bed with at least 3 feet between beds

### 3. Doors.--

NEW CONSTRUCTION: All doors to patients' rooms shall have a minimum width of 3 feet 10 inches.

4. Isolation Room.-- There shall be made available a room or rooms which shall be used for isolation of a patient or patients with communicable disease and for seriously ill or terminal cases.

NEW CONSTRUCTION: In each nursing unit one or more isolation rooms shall be provided for isolation with acoustical treatment and sound-proofing. (Nursing units are considered to be those served from one nursing station with a recommended maximum of 30 beds per station.)

### B. FURNISHINGS

1. Bed.-- A good mattress and 2 pillows of standard size shall be provided for each patient. All beds shall be Gatch beds or equivalent. Shock bed blocks or equivalent, such as pneumatic lifter, for feet of bed shall be provided in adequate numbers.

2. Bedding.-- A sufficient supply of clean bedding and bed linen shall be kept on hand for use at all times.

3. Storage Space.-- There shall be satisfactory storage space for clothing, toilet articles, and other personal belongings of patients.

NEW CONSTRUCTION: Adequate closet space in private rooms and/or



lockers in semi-private rooms shall be provided.

4. Signals.-- There shall be adequate bell cord call system, or better, with controlling light over patient's door, room or bed number in nurses' station, and indicator in utility room, floor kitchen, floor treatment room and such pilot lights in corridors as deemed necessary by hospital administrator.

## VI. FACILITIES AND EQUIPMENT FOR CARE

### A. SPACE REQUIREMENT

#### EXISTING FACILITIES:

1. There shall be adequate space and facilities for the proper cleansing and storage of nursing supplies and equipment. Suitable provision shall be made for the preparation of medications and treatments.

2. Utility rooms shall have adequate lighting and ventilation. They shall be conveniently located for efficient conduct of work.

3. A bed-pan hopper shall be provided in each utility room and/or bed-pan cleansing room. The bath-tub, lavatory or laundry tray shall not be used for cleaning of bed-pans.

4. Operating Rooms.-- Hospitals shall have at least one major and one minor operating room.

5. Pharmacy.-- Hospital shall have adequate pharmacy with proper space for storage of drugs and adequate space for compounding and dispensing drugs. At least one registered pharmacist shall be in charge of the pharmacy. There shall be safe storage for narcotics and other equipment. There shall be adequate refrigeration in the pharmacy for biologicals.

6. Radiology.-- Diagnostic x-ray facilities including Fluoroscopy and Dental Radiography shall be provided with adequate space for the safe handling of patients and personnel while taking films, proper dark room space, film storage space and view boxes. There shall be dressing rooms with lavatory and toilet facilities. X-ray therapy equipment of an approved type shall be provided in a separate room and shall be certified as satisfactory by the radiologist in charge.

7. Laboratory.-- Adequate laboratory space shall be provided with facilities and equipment for Basal Metabolism, Electrocardiography, Hematology, Urinalysis, Biochemistry, Bacteriology, Serology, and Tissue Diagnosis.

8. Ice.-- Separate space shall be required for non-beverage ice.

9. Morgue.-- A proper well ventilated morgue with satisfactory autopsy facilities shall be provided. If dead bodies are held unembalmed, refrigerated compartments shall be provided.

10. Physiotherapy.-- Adequate space shall be provided for physiotherapy.

11. Sterilizer Rooms.-- Separate sterilizer rooms shall be required for obstetrical units and surgical units. Sterilizer space shall be required in a central supply room.

12. Medical Record Room.- Adequate medical record room shall be provided.

13. Central Supply Room.- There shall be a central supply room with adequate facilities for sterilization of supplies and equipment to be used in the hospital.

NEW CONSTRUCTION: In addition to the requirements for "Existing Facilities"

1. Bed-pan units shall be provided for disposal, washing and direct sterilization of bed-pans.

2. Nurses' Station.- There shall be one nurses' station provided for each nursing unit. Each nurses' station shall be properly equipped with annunciator board, or equipment for patients' calls, medicine cabinet with separate locked section for narcotics and separate section for poison, cabinet space, bulletin board, telephone, adequate sink with running water, and adequate space provided for keeping patients' charts and for doctors and nurses to make records and charts.

3. Closets.- One linen closet and one supply closet shall be required for each nursing unit. A floor equipment room shall be provided to accommodate wheel stretchers and wheel chairs.

4. Operating Rooms.- Large hospitals shall have two major operating rooms and one minor operating room for minimum. One major operating room shall be provided for each additional 100 beds or fraction thereof. Special operating rooms, such as Cystoscopy and Plaster Rooms, shall be provided to meet the individual requirements of the hospital. One operating room shall be suitably equipped so that it may be satisfactorily darkened.

5. Dressing Rooms.- Adequate dressing rooms with toilet, shower, lavatory and lockers shall be provided for doctors and nurses.

6. Radiology.- In addition to requirements for "Radiology" in "Existing Facilities", lavatory and toilet with dressing rooms shall be required. A special electric current source for radiology shall be provided.

7. Morgue.- There shall be adequate refrigeration and facilities for autopsy and research purposes.

8. Dental Room.- Adequate facilities for emergency dental work shall be provided.

#### B. EQUIPMENT FOR BEDSIDE CARE

There shall be sufficient equipment for nursing care according to the type of patients accepted by the institution. The following is not a complete list of nursing equipment needed for the care of patients; the aim, rather, has been to include certain minimum essentials and point out special precautions which shall be taken in their use.

1. Linen.- Individual towels, wash cloths, and bath blankets (if indicated) shall be provided for each patient. Bed-pan covers shall not be used interchangeably.

2. Utensils.- There shall be a sufficient number of wash basins, mouth-wash cups, and bedpans, plainly marked, for the use of each individual patient, provided that where utensils are sterilized after each using they need not be kept individual. Approved methods of sterilizing such equipment shall be by one of the following methods:

- (a) Submersion in boiling water for a minimum of 15 minutes
- (b) Autoclaving (15 lbs. pressure 250°F. for 20 to 30 minutes)
- (c) Live steam sterilization for a minimum of 5 minutes

3. Thermometers.- There shall be a sufficient number of thermometers to permit adequate disinfection before using.



4. Hot Water Bags.- Hot water bags shall be covered before placing in beds. If electric heating pads are used they shall be maintained in good repair. It is recommended that hot water bags, if used, should be checked to see that the water is not too hot and that the bags are not leaking.

5. Restraints.- General: Restraints may be applied only when they are necessary to prevent injury to the patient or to others, shall be used only when alternative measures are not sufficient to accomplish these purposes, and on written order of physician. In applying restraints careful consideration shall be given to the methods by which they can be speedily removed in case of fire or other emergency.

6. Equipment.- Oxygen apparatus, either for nasal oxygen or oxygen tents, shall be provided in adequate amounts.

7. Solution Stands.- Separate solution stands or attachments to the bed shall be provided for the proper administration of intravenous or subcutaneous fluids or solutions.

### C. STORAGE OF MEDICINES

1. All medicines, poisons, stimulants and other drugs or biologicals shall be plainly labeled and stored in a specially designated and well illuminated medicine cabinet, closet, refrigerator, or storeroom and made accessible only to responsible personnel.

2. There shall be separate plainly labeled compartments in the medicine cabinet, at the nursing station, for the storage of:

- (a) Poisons
- (b) Medications for internal use
- (c) Medications for external use only

3. Narcotics shall be stored and dispensed subject to State and Federal Narcotic Regulations.

4. Drugs individually prescribed and medicines for patients who have left the hospital shall be returned to the pharmacy.

### D. STERILIZATION OF SUPPLIES

1. Sterilizing Equipment.- There shall be provision for the proper sterilization of dressings, utensils, instruments and solutions.

2. Check of Sterilizer Performance.- The hospital shall adopt a method of checking sterilizer performance approved by the Department. All new autoclaves shall have approved recording thermometers in addition to a standard mercury thermometer and the records of the recording thermometer shall be preserved for one year.

3. Storage of Supplies.- Adequate cabinets, cupboards or other suitable enclosed spaces shall be provided for keeping sterile equipment and supplies in a clean, convenient and orderly manner. All sterilization of supplies and equipment in a hospital shall be under the direct supervision of a registered nurse.

### E. HAND-WASHING FACILITIES

1. Adequacy.- Hand-washing facilities shall be provided in the scrub-up

room adjacent to operating, delivery, and labor rooms; in examining and treatment rooms; in main and diet kitchens; in utility and other service rooms; in toilet rooms; in rooms used for isolation of patients; and in nursery. Lavatories in other patients' rooms are desirable.

2. Special features in connection with scrub-up sinks in surgical rooms.- Adequate scrub-up sinks for four people to scrub simultaneously shall be provided for each two operating rooms. These sinks shall be so designed as to permit the proper cleansing of hands and arms without breaking technique. These shall have foot, elbow or knee control of the running water. A clock or other equivalent timing device shall be installed over the scrub-up sink.

## VII. PERSONNEL

### A. MEDICAL ATTENDANCE

1. All persons admitted to any institution covered by these standards shall be under the care of a person duly licensed to practice the healing arts in California. The name, address and telephone number of the physician or physicians attending each patient shall be recorded for ready reference.

2. All institutions covered by these standards shall arrange for one or more duly licensed practitioners of the healing arts to be called in emergency.

3. No medication or treatment shall be given in institutions covered by these standards except on the written order of one lawfully authorized to give such order.

4. In all hospitals which admit five or more physicians to practice in the institution there shall be an organized staff. Satisfactory evidence shall be maintained by the hospital of such organization.

### B. NURSING SERVICE

1. Nurse in Charge.- The Superintendent or Director of Nurses shall be a registered nurse with adequate experience in supervision.

2. Nursing and Other Personnel. - An adequate number of trained personnel shall be employed to give adequate care to patients both day and night and to adequately staff organized departments. Provision shall be made for nursing coverage during vacation or other relief periods.

## VIII. CARE OF PATIENTS

Each patient shall daily be given such PROPER personal attention and care, including personal hygiene, as is ordered or indicated.

For patients isolated for communicable disease there shall be used an approved contagious disease technique.

## IX. RECORDS

All records shall be permanent, either typewritten or legibly written with



pen and ink. Records for adults shall be kept for seven years following the date of discharge. Records for minors shall be kept for one year after they reach the age of 21 years.

1. A record shall be kept in a satisfactory manner, such as a bound book or permanent file, on a yearly basis, on each patient admitted to any hospital.

2. The minimum record shall consist of:

- Name
- Admittance Address
- Age
- Sex
- Marital Status (M S D W)
- Date of Admission
- Date of Discharge
- Name and address of person or agency responsible for patient
- Name, address and telephone number of attending physician
- Diagnosis
- Nursing notes
- Medication orders
- Progress notes
- Complete history and physical examination
- Temperature chart, including pulse and respiration
- Admission and working diagnosis
- Laboratory reports of all tests done
- Condition of patient at time of discharge, with final diagnosis
- Complete surgical record, including anaesthetic record,
  - pre-operative diagnosis,
  - operative procedure and findings,
  - post-operative diagnosis, and
  - tissue diagnosis on all specimens surgically removed.

#### X. REPORTS

Any occurrence, such as epidemic outbreaks, poisonings or other unusual occurrences, which threatens the welfare, safety or health of any patient admitted to any of the institutions covered by the Hospital Licensing Law, or the rules and regulations pertaining thereto shall be immediately reported, either by telephone or telegram to the local Health Officer. The institution shall furnish such other pertinent information related to such occurrences as the local or State Department of Public Health may require.

All institutions shall submit annual reports to the State Department of Public Health on forms which will be supplied for this purpose. These reports shall consist of:

- Total number of admissions during year
- Total number of discharges during year
- Total number of deaths during year
- Bed capacity
- Average percentage of bed occupancy
- Total patient days
- Average length of stay
- Number of major operations
- Number of minor operations
- Number of autopsies
- Complete maternity statistics as required by the State Department of Public Health
- Report of any changes in structure and/or services within the past year
- Report of any contemplated changes in the next year

STATE OF CALIFORNIA  
DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF HOSPITAL INSPECTION

PART IV. REQUIREMENTS FOR MATERNITY INSTITUTIONS

A. MATERNITY HOSPITALS OR MATERNITY SECTIONS OF GENERAL HOSPITALS

DEFINITIONS

- I. "HOSPITAL" shall mean any institution, place, building, or agency which maintains and operates organized facilities for the diagnosis, care and treatment of human illness, including convalescence and including care during and after pregnancy, or which maintains and operates organized facilities for any such purpose, and to which persons may be admitted for overnight stay or longer. This includes sanatorium, rest home, nursing home, maternity home, lying-in asylum, and clinics providing overnight care.
- II. "HOSPITALIZATION", within the meaning of the Hospital Licensing Law, is admission to any hospital, institution, place, building, or agency which maintains and operates organized facilities for the diagnosis, care, and treatment of human illness, including convalescence and including care during and after pregnancy, or which maintains and operates organized facilities for any such purpose, and to which persons may be admitted for overnight stay or longer. This includes sanatorium, rest home, nursing home, maternity home, lying-in asylum, and clinics providing overnight care.
- III. "MATERNITY HOSPITAL". Any hospital which receives women exclusively for care during pregnancy, during delivery, or within ten (10) days after delivery, shall be considered a Maternity Hospital. Maternity hospitals, or the maternity sections of General Hospitals, shall meet all of the requirements herein set forth.

ACUTE INFECTIOUS CONJUNCTIVITIS OF THE NEWBORN (OPHTHALMIA NEONATORUM) includes Gonorrheal Ophthalmia, Ophthalmia Neonatorum, and babies' sore eyes in the first 21 days of life.

DIARRHEA OF THE NEWBORN.— Diarrhea of the newborn up to 3 weeks of age occurring in a hospital giving maternity service. Diarrhea of the newborn, regardless of etiology, shall be suspected to exist when an infant has more than one liquid stool in 24 hours and shall be considered definitely present if this persists for more than 2 days. An exception may be made in the case of entirely breastfed infants who show no sign of illness and are gaining weight.

GENERAL

- I. All hospitals shall conform to the rules and regulations adopted by the State Fire Marshal establishing minimum standards for the prevention of fire and for the protection of life and property against fire and panic and shall secure a clearance relative to fire safety from the local fire authority or the State Fire Marshal, certifying that said hospital is complying with the minimum standards of fire prevention and protection established by the State Fire Marshal.
- II. These rules and regulations shall be made available to each employee of the institution and the personnel shall be familiar with the provisions of these rules and regulations.

LICENSE

- I. Separate Licenses Required.— Separate licenses are required for institutions maintained in separate premises, even though they are operated under the same management; provided, however, that separate licenses are not required for separate buildings on the same grounds.
- II. Posting of License.— The license shall be conspicuously posted on the premises in the front office where patients are admitted.
- III. Capacity.— No hospital shall admit more patients than the number of beds for which it is licensed.
- IV. License Not Transferable.— The Hospital License is not transferable. The State Department of Public Health shall be notified of any change in ownership, name or location of the hospital and a new application shall be submitted.



## I. SUBMISSION OF PLANS FOR ALTERATION OR NEW CONSTRUCTION

When construction is contemplated, either for new buildings, additions to existing buildings, or material alterations to existing buildings, the preliminary plans shall be submitted in quadruplicate to the State Department of Public Health for approval. The preliminary plans shall include, in detail, according to scale the following:

### Plot Plan

1. Size and shape of entire site with over-all dimensions
2. Point of compass and data on prevailing and storm winds where significant
3. Topographical conditions (engineer's survey is required)
4. Location of proposed building on site, its future additions and existing structures
5. Traffic pattern and connections for food circulation, personnel and hospital visitors
6. Service roads and parking areas
7. Buildings on adjacent properties within 40 feet of property (indicate only)
8. Existing growth (trees) and natural barriers (rocks, cliffs, streams, etc.)
9. Adjacent streets, highways, sidewalks, railroads, etc. (Designate major highways, county roads, or residential streets)
10. Show existing sewers and public utilities

### Floor Plan

11. Location, sizes and purposes of all rooms
12. Location of all doors, windows, door swings, etc.
13. Location of plumbing fixtures, bulletin boards, built-in equipment and casework
14. General method of heating, ventilating and lighting
15. Over-all dimensions
16. Possible future additions to the building
17. Tentative furniture and equipment layouts, including nurses' stations

### Elevations (same scale as plans, of at least two sides)

18. Finished floor and ceiling levels
19. Finished outside grades
20. Windows, doors, steps, areas, retaining walls, etc.
21. Materials, especially as related to acoustics and maintenance

### Sections (same scale, to explain condition not made clear in other drawings)

### Miscellaneous

22. Dates of drawings and revisions
23. For auditorium-assembly units of teaching hospitals, seating over 100, evidence that acoustical adequacy has been considered in shape and form

All proposed new hospital construction or alterations shall meet the standards of the 1946 Uniform Building Code of the Pacific Coast Building Officials Conference. In the event of conflict between the Uniform Building Code and the rules and regulations of the State Board of Public Health, as they pertain to new construction or alteration of hospitals, the standards of the State Board of Public Health shall prevail.

After the preliminary plans and drawings have been submitted and tentatively approved by the State Department of Public Health, within ten days of receipt one

copy will be returned to the applicant for corrections. The applicant shall then submit, in quadruplicate, blueprints of working drawings and specifications, with the required revisions, to the State Department of Public Health for comparison with the approved preliminary plans, before contract is let, at which time the State Department of Public Health will formally approve the plans or return same for correction, in which case they are to be submitted for final approval. The final approved plans shall then be returned within three weeks.

It is recognized that change orders may be necessary during the course of construction. Telephone or telegraph communication with the State Department of Public Health is required and approval or rejection will be given within a reasonable time on all change orders affecting the health and/or safety of the patient. This approval will be confirmed in writing by both the architect and the State Department of Public Health.

## II. COMMUNICATION

There shall be a telephone in the building, and additional telephones or extensions as required to summon help promptly in case of fire or other emergency.

## III. PHYSICAL PLANT

### A. CONSTRUCTION

#### EXISTING FACILITIES:

1. Walls and floors shall be of a character to permit either frequent washing, cleaning or painting.
2. The construction of the building shall be such as to prevent the entrance and harborage of rats and other rodents.
3. The building shall be kept in good repair, clean and sanitary at all times.
4. Construction shall provide for the safety and protection of patients and personnel.

#### NEW CONSTRUCTION:

1. Corridors.-- Minimum width of corridors shall be eight (8) feet.
2. Ceilings.-- Minimum height of ceilings shall be eight (8) feet.
3. Dressing Rooms.-- Adequate dressing rooms with toilet, shower, lavatory and lockers shall be provided for doctors and nurses in the delivery suite.

Hospitals of 100 or more beds: Such hospitals in the future shall be Type I construction according to the 1946 Uniform Building Code of the Pacific Coast Building Officials Conference.

1. Total floor areas for various functions in the hospital per bed shall be a minimum, in conformity with acceptable hospital administration and practice. (Ref. Hospital Facilities Section, States Relation Division, United States Public Health Service, etc.)



2. Floors of operating suites, delivery rooms, sterilizing rooms, treatment rooms shall be of impervious floor finish, such as tile or terrazzo or its equal. In the above mentioned rooms and areas where anesthetic gases are used metal grid or conductive floors shall be provided.

3. Walls of the operating suites, delivery rooms, sterilizing rooms and treatment rooms shall be either terrazzo, tile or its equal to a minimum of six foot wainscoat. It is preferable that tile should extend completely up the wall.

4. Ceilings shall be a minimum height of eight (8) feet. Ceilings in labor rooms, nurseries, utility rooms and nursing stations shall have acoustical treatment. (It is recommended that corridors, pantries, dish-washing and dining areas be similarly treated.)

5. Vision panels shall be required in all double-acting doors.

6. Insulation.-- Adequate insulation shall be provided on all exterior walls and roofs.

7. Corridors.-- Minimum width of all corridors shall be eight (8) feet.

8. Stairways.-- Stairways shall have a minimum width of three feet eight inches. (It is recommended that hospital architects and administrators consult proper references before planning. Such information may be obtained through the Bureau of Hospital Inspection.)

9. Dressing Rooms.-- Adequate dressing rooms with toilet, shower, lavatory and locker shall be provided for doctors and nurses in the delivery suite.

## B. HEATING

Heating plant shall be adequate to maintain a comfortable temperature for patients and personnel in the institution, at all times.

## C. SANITATION

1. Water Supply.-- The water supply shall be of safe, sanitary quality, suitable for use, and shall be obtained from a water supply system, the location, construction, and operation of which comply with the standards approved by the local health department and the State Department of Public Health. The water shall be distributed to adequate and conveniently located taps in the building. Adequate hot water, minimum temperature of 110°F., shall be available.

2. Sewage Disposal.-- Sewage shall be discharged into a public sewerage system where such a system is available; or the sewage shall be collected, treated and disposed of in an independent sewerage system; either shall have the approval of the local health department and the State Department of Public Health.

3. Plumbing.-- Toilet facilities shall be provided in reasonable ratio according to the number, type and sex of patients cared for, and personnel of the institution.

The plumbing and drainage or other arrangements for the disposal of excreta and infectious discharges and institutional wastes, shall be in accordance with sections 17456 and 17466 inclusive of the Health and Safety Code and will be used by the State Department of Public Health for approval.

Cross connections in plumbing, between safe and potentially unsafe water supplies are prohibited. This refers particularly to toilets, hoppers, or other fixtures of similar nature. Water shall be delivered to any fixture, equipment, or service above the rim, or points of overflow. All submerged intakes to plumbing fixtures are prohibited unless they are satisfactorily protected against back siphonage.

NEW CONSTRUCTION: Bath room facilities with showers and toilets shall be provided.

4. Garbage Disposal.- All garbage shall be stored and disposed of in a manner that will not permit the transmission of a contagious disease, create a nuisance, or provide a breeding place for flies. All containers for garbage shall be water-tight, have tight-fitting covers, and be rodent proof. Refrigeration of garbage is desirable. Immediately after emptying of garbage cans they shall be properly steamed.

5. Screens.- Adequate screens of sixteen meshes per inch to protect against flies and other insects shall be provided on doors and windows where necessary. No doors shall be in conflict with fire and panic laws.

#### D. LIGHTING

1. Adequacy.- Each patient's room shall be an outside room with a satisfactory amount of unobstructed natural light. The minimum window area shall be not less than one-eighth of the superficial floor area. More window area is highly desirable.

The window area of the newborn nursery shall be not less than one-fifth of the superficial floor area. If windows are not provided, see paragraph (b) under "New Construction" below.

Every room, including storerooms and attic, shall have sufficient artificial lighting facilities so that all parts shall be clearly visible under such artificial lighting.

All hallways, stairways, inclines, ramps, and entrances shall be well lighted.

#### NEW CONSTRUCTION:

a. In all rooms used for maternity patients the window area shall be not less than one-fifth of the superficial floor area.

b. If the nursery is built without windows it shall have adequate <sup>daylight</sup> air conditioning, humidification, sterilization of air, and shall provide for auxiliary ventilation.

2. Fixtures.- Lighting fixtures shall be selected and located with a view to the comfort and safety of patients and personnel. Exposed light globes shall not be used, except in closets and storage spaces.

All lighting fixtures in operating rooms, delivery rooms, emergency rooms and anesthetic rooms, if used, shall have approved lighting and electrical fixtures, approved by the Fire Underwriters Laboratory. Approved surgical light shall be provided in major operating rooms. In delivery rooms, emergency rooms and minor operating rooms approved portable spotlights shall be provided.

3. Emergency Lighting.- Emergency lighting facilities shall be provided and distributed so as to be readily available to personnel on duty. At no time



shall open flame type of light be used. Battery operated lamps or standby units shall be available at all times for use in the operating rooms, delivery rooms, emergency rooms, heating or general power plants and such other places as the hospital administrator deems necessary.

NEW CONSTRUCTION:- Hospitals of 100 or more beds

The hospital shall have an available standby source of electricity to provide emergency lighting. (It is recommended that all large hospitals already constructed provide standby lighting units.)

E. VENTILATION

1. Buildings shall at all times be adequately ventilated. Kitchens, bathrooms and service rooms shall be so located and ventilated by window or mechanical means as to prevent offensive odors from entering patients' rooms and the public halls.

2. Adequate precautions shall be taken to prevent the introduction of dust-laden air into operating room.

NEW CONSTRUCTION

New construction shall have mechanical ventilation of operating rooms, delivery rooms, utility rooms, x-ray rooms, kitchen or kitchens, laundry, toilets, utility and work rooms. In addition, all operating rooms, delivery rooms and nurseries shall be air conditioned with thermostatic control to maintain proper temperature and humidity.

F. ELEVATORS AND STAIRWAYS

1. Elevators.- Elevators and machinery shall be so constructed and maintained as to comply with the regulations of the Division of Industrial Safety, State Department of Industrial Relations.

a. In all multi-floored structures of less than 100 beds, one or more elevators of at least 5 feet 4 inches by 7 feet 10 inches, inside measurements, shall be provided, or an adequate ramp.

b. In all multi-floored hospital buildings with 100 to 200 beds, two elevators shall be provided. All elevators shall be at least 5 feet 4 inches by 7 feet 10 inches, inside measurements, and be conveniently located for the use of patients and personnel. Additional elevators may be required by the Department.

NEW CONSTRUCTION: In all multi-floored structures of less than 100 beds, one or more elevators of at least 5 feet 4 inches by 7 feet 10 inches, inside measurements, shall be provided.

2. Stairways.- All stairways shall be provided with handrails. All open stairwells shall be protected with guardrails. Non-slip treads are recommended for existing stairways and shall be required in new construction.

G. LAUNDRY

1. The institution shall make provision for the proper cleansing of linen and other washable goods.

2. If the institution maintains and operates its own laundry, safety guards for laundry machinery shall be provided in accordance with the requirements of the Division of Industrial Safety, State Department of Industrial Relations.

3. Hospitals maintaining and operating laundries shall provide proper ventilation for the elimination of steam and odors and proper insulation to prevent the transmission of noises to patient areas.

NEW CONSTRUCTION:- Hospitals of 100 or more beds.

In new construction laundry plants shall be constructed in a separate building from the main building in which patients are cared for, or other approved location, and in such relationship to patient areas that steam, odors and noises do not reach patient areas or personnel cared for and housed therein.

H. INCINERATION

Adequate incineration facilities shall be provided for the disposal of infected dressings, surgical and obstetrical wastes, and other similar materials; if incomplete combustion occurs facilities shall be provided for auxiliary firing of incinerator.

IV. FOOD SANITATION

A. FACILITIES FOR PREPARATION AND SERVING OF FOOD

There shall be adequate facilities for the proper preparation and serving of food for both patients and personnel.

1. Formula Room.

EXISTING FACILITIES: Hospitals licensed for six (6) or more maternity beds shall provide a separate formula room as soon as practicable after the declaration of the termination of the war emergency; this requirement may be temporarily waived by the State Department of Public Health.

NEW CONSTRUCTION: Hospitals licensed for six (6) or more maternity beds shall provide a separate formula room to be used exclusively for the preparation and refrigeration of formulae.

2. Formula Room Equipment.

Refrigerator, sink, lavatory for handwashing, sterilizers, a means for rapidly cooling bottles for formulae after sterilization (i.e., water bath, ice bath), cupboards, and a work table shall be provided.

3. Formula Technique.

Formulae preparation shall be carried out with strictly aseptic technique and personnel preparing formulae shall be thoroughly trained in such techniques. The formulae shall be sterilized either by the closed bottle technique, i.e. sterilization of the formulae in the individual nursing bottle properly covered with nipples and nipple protectors, or the following general routine shall be followed:

a. Formula room shall be kept closed during preparation of formulae and only personnel assigned this function shall be in the room at that time.

b. Nurses, dietitians, or other personnel working in the formula room, shall scrub to the elbow for two minutes and put on clean gowns, surgical caps, and masks covering the nose and mouth before entering the formula room.

c. All bottles and glassware used for formulae and the preparation



thereof shall be cleansed with an alkaline detergent solution so that they shall be clear and free from scum. All bottles and glassware shall be thoroughly rinsed with clear water.

d. Feeding equipment from infected or suspected infants shall be sterilized before it is returned to the formula room.

e. All equipment used in the preparation and serving of formulae shall be boiled for at least twenty minutes and properly submerged or properly autoclaved before using, except nipples which shall be boiled not less than ten minutes.

f. All new nipples shall be washed and boiled for twenty minutes in an alkaline detergent solution to properly remove the scum. After washing they shall be rinsed thoroughly in clear water.

g. If the same person has prepared the glassware and nipples she shall, before preparing formulae, re-scrub her hands, put on a clean gown and arrange a sterile sheet with aseptic technique and place sterile equipment on it.

h. Prepare formulae by aseptic technique and sterilize.

i. Immediately after preparation, formulae shall be poured into sterile individual nursing bottles.

j. Fill sterile individual bottles, apply sterile nipples, and cover with sterile nipple protectors.

k. Formulae shall be chilled rapidly (i.e., water bath or ice bath) and immediately placed in refrigerator. A temperature of 40-45°F. shall be maintained at all times in the refrigerator containing milk mixtures.

l. Provision for warming the bottles before feeding shall be made in the nursery or in the formula room.

m. Formulae shall be prescribed by the physician in writing and orders for any changes of formulae shall be written.

## B. FOOD STORAGE

1. Stererooms.- Adequate storerooms shall be clean and well ventilated. All food shall be so stored as to be protected from dust, flies, rodents, vermin, unnecessary handling, droplet infection, overhead leakage, or other source of contamination. Poisons or drugs shall not be stored or kept with food or in such a manner that they might be mistaken for food.

2. Refrigeration.- All perishable food shall be adequately refrigerated. There shall be a reliable thermometer in each refrigerator at all times and in storerooms used for perishable food.

NEW CONSTRUCTION:- Hospitals of 100 or more beds.

In new construction additional space shall be provided for adequate refrigeration of salads and left-overs.

## C. CLEANSING AND DISINFECTION OF DISHES

All multi-use utensils used for eating, drinking, and in the preparation or serving of food and drink shall be effectively cleaned and disinfected after each usage. Gross food particles should be removed by careful scraping and

pre-rinsing in running water. Brushes, baskets, and sprays are suggested. The dishes shall be thoroughly washed in hot water, minimum temperature of 110°F., using an adequate amount of effective soap or detergent. Following this, the utensils shall be rinsed in hot water to remove soap, and disinfected by one of the following methods, or the equivalent, as approved by the State Department of Public Health.

1. Immersion for at least 2 minutes in clean water at 170°F.
2. Immersion for at least one-half minute in boiling water.

Results obtained with dishwashing machines shall be equal to those obtained by the methods outlined above.

After disinfection, the utensils shall be allowed to drain and dry in racks or baskets on non-absorbent surfaces. Drying cloths are not recommended. Dishes shall be stored in closed cupboards.

#### D. CONSTRUCTION OF GLASS-FILLING DEVICES

Every mechanical water glass-filling device shall be constructed so as to prevent any contact of the upper one-third of the glass with the device, and in addition so that no portion of the device extends into the glass.

#### E. ICE

All ice used in contact with food or drink shall be from a satisfactory source, and handled and dispensed in a sanitary manner.

#### F. MILK SUPPLY

There shall be a safe milk supply. Pasteurized Grade A milk shall be provided if available.

#### G. HAND-WASHING FACILITIES FOR FOOD HANDLERS

There shall be adequate hand-washing facilities, with soap, running water, and an adequate supply of individual towels, in all kitchens, including diet kitchens, and in wash-rooms used by food handlers. Use of a common towel is prohibited.

### V. ACCOMMODATIONS FOR PATIENTS

#### A. ROOMS

1. Location.— Maternity patients shall not be placed in rooms or wards with other than maternity cases. Each patient's room shall have an outside exposure. Rooms extending below ground level shall not be used for patients unless they are dry, well ventilated, have the required window space, and otherwise suitable for occupancy.

EXISTING FACILITIES: In General Hospitals where the maternity department is not segregated, facilities to be used for maternity patients shall be approved by the State Department of Public Health.

#### NEW CONSTRUCTION:

- a. No patient's room shall be allowed below ground level.
- b. All semi-private rooms shall be provided with cubicle curtains or equivalent equipment.



In new construction for 25 or more maternity patients the maternity unit or department, and newborn nursery shall be located in a separate building, wing, floor, or in a section of the hospital physically separated from other patient areas. The corridors of the maternity unit, or department, shall not be used as a thoroughfare by personnel, visitors, or patients from other sections of the hospital.

A separate nursery or nurseries shall be provided for newborn infants delivered in the hospital. The nursery shall be a part of or adjacent to the maternity unit, section or department.

## 2. Floor Area.-

### a. Maternity:

EXISTING FACILITIES: Wards for maternity patients shall be of sufficient size to allow a minimum of 70 square feet of superficial floor space per bed with at least 3 feet of space between beds.

#### NEW CONSTRUCTION:

- (1) Private rooms shall have a minimum of 100 square feet floor area
- (2) Semi-private rooms, or wards, shall have a minimum of 70 square feet of superficial floor area per bed with at least 3 feet between beds.

### b. Newborn Nurseries:

EXISTING FACILITIES: The total superficial floor area of each nursery shall be adequate to provide an average of 25 square feet per bassinets, providing that 20 square feet will be considered satisfactory if, in the opinion of the State Department of Public Health, it is found adequate to permit bassinets to be spaced 18 inches apart and 6 inches from walls or partitions.

Visitors' viewing window or windows shall be provided for each nursery.

#### NEW CONSTRUCTION:

(1) Nurseries shall allow an average of 25 square feet of superficial floor area per crib or bassinet and shall be sufficiently large so that each bassinet will stand at least 6 inches from walls and partitions and that there will be at least 2 feet of floor space between bassinets to permit crib-side care. If aisles are used for passageways, aisles shall be at least 3 feet wide.

(2) Vestibule: Each nursery unit in addition to the nursery shall include a vestibule room sufficiently large to provide adequate space for handwashing, gowning, record charting and examination of infants (unless a separate examination room is provided); such vestibule room may serve two nurseries, one on each side.

### c. Premature Nursery:

NEW CONSTRUCTION: Hospitals with maternity departments of 50 or more beds shall provide a separate nursery of adequate size for premature infants.

### d. Suspect Nursery:

NEW CONSTRUCTION: In maternity units of 10 or more beds a suspect or observation nursery shall be provided on the maternity floor for infants exposed to or suspected of developing infections.

## c. Isolation Nursery:

(1) In maternity hospitals receiving maternity cases exclusively a separate isolation nursery shall be provided.

(2) All general hospitals receiving maternity patients shall provide adequate isolation facilities, outside the maternity unit, for all infants suspected of or having infectious disease.

### 3. Doors.-

NEW CONSTRUCTION: All doors to patients' rooms shall have a minimum width of 3 feet 10 inches.

4. Isolation Room.- There shall be made available a room or rooms which shall be used for isolation of a patient or patients with communicable disease and for seriously ill or terminal cases.

## B. FURNISHINGS

1. Bed.- A good mattress and 2 pillows of standard size shall be provided for each patient. All beds shall be Gatch beds or equivalent. Shock bed blocks or equivalent, such as pneumatic lifter, for feet of bed shall be provided in adequate numbers.

2. Bedding.- A sufficient supply of clean bedding and bed linen shall be kept on hand for use at all times.

3. Storage Space.- There shall be satisfactory storage space for clothing, toilet articles, and other personal belongings of patients.

NEW CONSTRUCTION: Adequate closet space in private rooms and/or lockers in semi-private rooms shall be provided.

### 4. Signals.-

Hospitals of less than 100 beds: Means for signaling attendants shall be provided at the bedside of patients confined to bed. A proper call system shall be provided with at least a bell cord for each bed with light over door and controlling number at nurses' station.

Hospitals of 100 or more beds: There shall be adequate bell cord call system, or better, with controlling light over patient's door, room or bed number in nurses' station, and indicator in utility room, floor kitchen, floor treatment room and such pilot lights in corridors as deemed necessary by hospital administrator.

### 5. Newborn Nurseries.

a. Cribs.- A separate metal crib or bassinet shall be provided for each infant.

b. Bedding.- Each crib shall have a firm, clean mattress, covered with rubber sheeting, or the equivalent, and washable pad. Bassinets shall be covered with removable washable linings and shall be changed for each infant, except where approved plastic bassinets are provided and sterilized after discharge of each infant.

#### c. Work Tables.-

(1) Work tables, or the equivalent, shall be set up with supplies for dressing, bathing or diapering of infants.



(2) Individual crib tables with drawer and closed storage compartment shall be provided in isolation or suspect nurseries.

d. Lavatories.- In each nursery there shall be a lavatory with hot and cold running water.

NEW CONSTRUCTION: All lavatories in nurseries shall be equipped with elbow, knee or foot control.

e. Covered Diaper Cans.- At least one covered container with removable paper linings, or equivalent, and foot control pedal for opening shall be provided and this shall be used as the receptacle for disposing of soiled diapers.

f. Linen Hamper.- At least one hamper with removable bag for soiled linens, other than diapers, shall be provided and used.

g. Wall Thermometer.- A reliable wall thermometer shall be provided in each nursery.

h. Scales. - Accurate beam scales, or equivalent, are required.

i. Incubators.- Hospitals shall be equipped with premature incubators in proportion to the number of deliveries and their experiences with premature births, not less than one to every twenty bassinets. The incubator shall meet the safety specifications of the National Bureau of Standards and the Fire Underwriters Laboratory.

## VI. FACILITIES AND EQUIPMENT FOR CARE

### A. SPACE REQUIREMENT

#### EXISTING FACILITIES:

1. There shall be adequate space and facilities for the proper cleansing and storage of nursing supplies and equipment. Suitable provision shall be made for the preparation of medications and treatments.

2. Utility rooms shall have adequate lighting and ventilation. They shall be conveniently located for efficient conduct of work.

3. A bed-pan hopper shall be provided in each utility room and/or bed-pan cleansing room. The bath-tub, lavatory or laundry tray shall not be used for cleaning of bed-pans.

4. Operating Rooms.- Hospitals shall have at least one major operating room; for all institutions over fifty beds one minor operating room shall also be provided.

5. Labor Room.- A labor room shall be provided in conjunction with the delivery room unless a private room is used for labor.

6. Delivery Room.- A separate delivery room shall be provided for <sup>non-infected</sup> maternity patients apart from the general operating room.

#### 7. Pharmacy.-

a. In hospitals of less than 100 beds biologics shall have adequate refrigeration.

b. Hospitals of 100 or more beds shall have adequate pharmacy with proper space for storage of drugs and adequate space for compounding and dispensing drugs. At least one registered pharmacist shall be in charge of the pharmacy. There shall be safe storage for narcotics and other equipment. There shall be adequate refrigeration in the pharmacy for biologicals.

## 8. Radiology.-

a. Hospitals of less than 100 beds shall provide diagnostic x-ray facilities with adequate space for the safe handling of patients and personnel while taking films, proper dark room facilities, film storage space and view boxes.

b. In hospitals of 100 or more beds diagnostic x-ray facilities including Fluoroscopy and Dental Radiography shall be provided with adequate space for the safe handling of patients and personnel while taking films, proper dark room space, film storage space and view boxes. There shall be dressing rooms with lavatory and toilet facilities. X-ray therapy equipment of an approved type shall be provided in a separate room and shall be certified as satisfactory by the radiologist in charge.

## 9. Laboratory.-

a. In hospitals of less than 100 beds laboratory space shall be provided, if the hospital operates and maintains its own laboratory, with adequate space, equipment and supplies for Basal Metabolism, Electrocardiography, Hematology, Urinalysis, Biochemistry, Bacteriology, Serology if done, Tissue Diagnosis and other adjunct laboratory facilities. If the hospital does not operate its own laboratory, adequate working space, equipment and supplies shall be provided for emergency laboratory work such as urinalysis, hemogram, blood typing and cross matching. If reasonable laboratory facilities are not readily available the hospital shall operate its own laboratory.

b. In hospitals of 100 or more beds adequate laboratory space shall be provided with facilities and equipment for Basal Metabolism, Electrocardiography, Hematology, Urinalysis, Biochemistry, Bacteriology, Serology, and Tissue Diagnosis.

10. Ice.- Separate space shall be required for non-beverage ice.

11. Morgue.- In hospitals of 100 or more beds a proper well ventilated morgue with satisfactory autopsy facilities shall be provided. If dead bodies are held unembalmed, refrigerated compartments shall be provided.

12. Physiotherapy.- In hospitals of 100 or more beds adequate space shall be provided for ~~Physiotherapy~~.

## 13. Sterilizer Rooms.-

a. In hospitals less than 100 beds separate sterilizer rooms shall be required in connection with surgery units.

b. In hospitals of 100 or more beds separate sterilizer rooms shall be required for obstetrical units and surgical units. Sterilizer space shall be required in a central supply room.

14. Medical Record Room.- Adequate medical record room shall be provided.

15. Central Supply Room.- In hospitals of 100 or more beds there shall be a central supply room with adequate facilities for sterilization of supplies and equipment to be used in the hospital.

NEW CONSTRUCTION: In addition to the requirements for "Existing Facilities":

1. Bed-pan units shall be provided for disposal, washing and direct



sterilization of bed-pans.

2. Nurses' Station.- There shall be one nurses' station provided for each nursing unit. Each nurses' station shall be properly equipped with annunciator board, or equipment for patients' calls, medicine cabinet with separate locked section for narcotics and separate section for poison, cabinet space, bulletin board, telephone, adequate sink with running water, and adequate space provided for keeping patients' charts and for doctors and nurses to make records and charts.

3. Closets.- One linen closet and one supply closet shall be required for each nursing unit. A floor equipment room shall be provided to accommodate wheel stretchers and wheel chairs.

4. Labor Rooms.- a. Labor rooms shall be in conjunction with delivery units.  
b. A minimum of one labor room shall be provided for non-infected maternity patients. Additional labor rooms shall be provided in the ratio of three labor rooms to each two delivery rooms.

5. Delivery Rooms.- a. All delivery room units shall be segregated from patient areas.  
b. A minimum of one delivery room shall be provided for non-infected maternity patients. Additional delivery room or rooms shall be provided for each 20 maternity patients or fraction thereof.

6. Operating Rooms.- Hospitals of 100 or more beds shall have two major operating rooms and one minor operating room for minimum. One major operating room shall be provided for each additional 100 beds or fraction thereof. Special operating rooms, such as Cystoscopy and Plaster rooms, shall be provided to meet the individual requirements of the hospital. One operating room shall be suitably equipped so that it may be satisfactorily darkened.

7. Radiology.- a. In hospitals of less than 100 beds lavatory and toilet with dressing rooms shall be required.  
b. In hospitals of 100 or more beds a special electric current source for radiology shall be provided.

8. Morgue.-  
a. In hospitals of less than 100 beds a proper well ventilated morgue with satisfactory autopsy facilities shall be provided. If dead bodies are held unembalmed, refrigerated compartments shall be provided.

b. In hospitals of 100 or more beds there shall be adequate refrigeration and facilities for autopsy and research purposes.

9. Physiotherapy.- In hospitals of less than 100 beds adequate space shall be provided for Physiotherapy, if done in the hospital.

10. Dental Room.- Adequate facilities for emergency dental work shall be provided.

## B. EQUIPMENT FOR BEDSIDE CARE

There shall be sufficient equipment for nursing care according to the type of patients accepted by the institution. The following is not a complete list of nursing equipment needed for the care of patients; the aim, rather, has been to include certain minimum essentials and point out special precautions which shall be taken in their use.

1. Linen.- Individual towels, wash cloths, and bath blankets (if indicated) shall be provided for each patient. Bed-pan covers shall not be used interchangeably.

2. Utensils.- There shall be a sufficient number of wash basins, mouth-wash cups, and bed-pans, plainly marked, for the use of each individual patient, provided that where utensils are sterilized after each using they need not be kept individual. Approved methods of sterilizing such equipment shall be by one of the following methods: (a) Submersion in boiling water for a minimum of 15 minutes (b) Autoclaving (15 lbs. pressure 250°F. for 20 to 30 minutes) (c) Live steam sterilization for a minimum of 5 minutes

3. Thermometers.- There shall be a sufficient number of thermometers to permit adequate disinfection before using.

4. Hot Water Bags.- Hot water bags shall be covered before placing in beds. If electric heating pads are used they shall be maintained in good repair. It is recommended that hot water bags, if used, should be checked to see that the water is not too hot and that the bags are not leaking.

5. Restraints.- General: Restraints may be applied only when they are necessary to prevent injury to the patient or to others, shall be used only when alternative measures are not sufficient to accomplish these purposes, and on written order of physician. In applying restraints careful consideration shall be given to the methods by which they can be speedily removed in case of fire or other emergency.

6. Equipment.- Oxygen apparatus, either for nasal oxygen or oxygen tents, shall be provided in adequate amounts.

7. Solution Stands.- Separate solution stands or attachments to the bed shall be provided for the proper administration of intravenous or subcutaneous fluids or solutions.

8. Labor Rooms.-

- a. Bed shall have a firm waterproof mattress
- b. If analgesia is used, beds shall be equipped with guard rails
- c. Portable lighting equipment shall be available
- d. Sphygmomanometer and stethoscope shall be available
- e. Properly equipped examining tray shall be available
- f. Receptacle for soiled gloves and instruments shall be provided

9. Delivery Rooms shall include the following:

- a. Delivery table shall be adjustable with section and stirrups for lithotomy position.
- b. Surgical or spot light
- c. Wall electric clock with a sweep second-hand, or equivalent
- d. Table for sterile instruments.- A metal topped, rolling table shall be provided for instruments and work space
- e. Sphygmomanometer and stethoscope
- f. Supply cabinet.- There shall be a cabinet, or built-in shelf space, for sterile packages, instruments, suture material, oxytocic drugs, syringes, and emergency equipment.
- g. Facilities for anaesthesia.- Adequate facilities for anaesthesia shall be provided. A small table conveniently placed shall contain articles needed by the anaesthetist. Suction apparatus (for both mother and infant) shall always be available.

h. Emergency facilities:

- (1) Syringes.- There shall be several sterile syringes, with



suitable needles for oxytocics and emergency medications.

(2) Packing.- A sterile package of instruments and gauze for uterine packing shall be at hand.

(3) Repair sets.- Instruments for repair of lacerations and for handling other occasional delivery accidents shall be provided in sterile packages if they are not supplied routinely in the delivery set.

i. Intravenous equipment.- Facilities for intravenous therapy shall be available. In addition to flasks of sterile glucose and saline solution all hospitals accepting maternity patients shall have, on the premises, a standard preparation of blood plasma or serum.

j. Provision for care of infant.-

(1) A properly heated bassinet shall be available for each delivery. There shall be no hazardous electric equipment on the bassinet.

(2) A table or tray shall be provided containing articles needed for treating cord, and silver nitrate for treating the eyes of the infant.

(3) Resuscitation equipment.- There shall be available facilities for suction, such as a tracheal catheter, and equipment for administering oxygen to the infant.

(4) An acceptable means of identifying each infant shall be available in every delivery room.

#### 10. Newborn Nurseries

a. Rectal Thermometers.- Rectal thermometers and tube lubricant shall be provided. Each infant shall have an individual rectal thermometer stored in an approved antiseptic solution.

b. Clothing.- All clothing for infants (diapers, shirts, gowns, abdominal binders, blankets) shall be provided by the hospital for use of baby while it is in the hospital. An adequate supply of freshly laundered clothing and diapers, or approved disposable diapers, shall be available and shall be provided by the hospital. Only such clothing provided by the hospital shall be used during the infant's hospital stay.

Some type of suitable receiving garment for premature infants and other necessary clothing for premature infants shall be kept on hand in the nursery.

Binders shall be sterilized.

c. Hot Water Bags.- Where hot water bags are used, water shall be tested with a water thermometer and shall not exceed 120°F. and bags shall be safely covered before being placed in the crib and shall not come in direct contact with infant's body. Electric heating pads shall not be used.

d. Caps, Gowns and Masks.- Caps, gowns, and masks covering the nose and mouth shall be available for the use of doctors, nurses and attendants who enter the nursery.

e. Equipment for Special Treatments.

(1) Suitable suction device for use in aspirating mucous from the upper respiratory passage of newborn infants shall be kept in the nursery.

(2) A supply of oxygen and suitable apparatus for administering oxygen to an infant shall be immediately available at all times.

(3) Needles, tubing, glassware and other equipment suitable for use of newborn infants shall be kept available in sterile packages ready for emergencies.

#### 11. Suspect Nursery

a. A 24-hour supply of bedding, clothing and diapers shall be provided for each baby.

b. All equipment shall be kept separate for each infant.

c. A separate gown for the nurse shall be provided for the care of each baby.

#### 12. Isolation Nursery

a. A 24-hour supply of bedding, clothing and diapers shall be provided for each baby.

b. All equipment shall be kept individualized for each infant.

c. A separate gown for the nurse shall be provided for the care of each baby.

### C. STORAGE OF MEDICINES

1. All medicines, poisons, stimulants and other drugs or biologicals shall be plainly labeled and stored in a specially designated and well illuminated medicine cabinet, closet, refrigerator, or storeroom and made accessible only to responsible personnel.

2. There shall be separate plainly labeled compartments in the medicine cabinet, at the nursing station, for the storage of:

a. Poisons

b. Medications for internal use

c. Medications for external use only

3. Narcotics shall be stored and dispensed subject to State and Federal Narcotic Regulations.

4. Drugs individually proscribed and medicines for patients who have left the hospital shall be returned to the pharmacy.

5. Boric acid crystals or boric acid preparations shall not <sup>stored or</sup> be used in the maternity department or nursery.

### D. STERILIZATION OF SUPPLIES

1. Sterilizing Equipment.- There shall be provision for the proper sterilization of dressings, utensils, instruments and solutions.

2. Check of Sterilizer Performance.- The hospital shall adopt a method of checking sterilizer performance approved by the Department. All new autoclaves shall have approved recording thermometers in addition to a standard mercury thermometer and the records of the recording thermometer shall be preserved for one year.

3. Storage of Supplies.- Adequate cabinets, cupboards or other suitable enclosed space shall be provided for keeping sterile equipment and supplies in a clean, convenient and orderly manner. All sterilization of supplies and



equipment in a hospital shall be under the direct supervision of a registered nurse. All sterile packs shall be re-sterilized every two weeks if not used.

#### E. HAND-WASHING FACILITIES

1. Adequacy.- Hand-washing facilities shall be provided in the scrub-up room adjacent to operating, delivery, and labor rooms; in examining and treatment rooms; in main and diet kitchens; in utility and other service rooms; in toilet rooms; in rooms used for isolation of patients; and in nursery. Lavatories in other patients' rooms are desirable.

2. Special features in connection with scrub-up sinks in surgical and delivery rooms.- Adequate scrub-up sinks for four people to scrub simultaneously shall be provided for each two operating or delivery rooms. These sinks shall be so designed as to permit the proper cleansing of hands and arms without breaking technique. These shall have foot, elbow or knee control of the running water. A clock or other equivalent timing device shall be installed over the scrub-up sink.

##### NEW CONSTRUCTION:

1. Two scrub-up sinks shall be provided for each delivery room.
2. Glass-view windows between the scrub-up room and delivery room shall be installed.

### VII. PERSONNEL

#### A. MEDICAL ATTENDANCE

1. All persons admitted to any institution covered by these standards shall be under the care of a person duly licensed to practice the healing arts in California. The name, address and telephone number of the physician or physicians attending each patient shall be recorded for ready reference.

2. All institutions covered by these standards shall arrange for one or more duly licensed practitioners of the healing arts to be called in emergency.

3. No medication or treatment shall be given in institutions covered by these standards except on the written order of one lawfully authorized to give such order.

4. In all hospitals which admit five or more physicians to practice in the institution there shall be an organized staff. Satisfactory evidence shall be maintained by the hospital of such organization.

5. Hospitals which do not have organized staffs shall appoint an advisory medical committee composed of physicians using the maternity department which shall be responsible for regulating techniques, nursing care and professional standards for the maternity unit.

6. The physician shall be notified when the patient is admitted and immediately upon onset of labor. Except in case of emergency, no person who is not licensed by the State of California to perform deliveries shall be permitted to do so in a maternity hospital, maternity section of general hospital, or maternity home.

#### B. NURSING SERVICE

##### 1. Nurse in Charge.-

a. The Superintendent or Director of Nurses shall be a registered nurse with adequate experience in supervision.

b. In maternity departments of less than 25 beds a registered nurse

shall be responsible for the nursing service for both maternity patients and newborn infants.

c. In maternity departments of 25 or more beds the nursing supervisor shall have completed a postgraduate course in maternity nursing and care of the newborn at a recognized maternity hospital nursing school, or shall have had equivalent experience satisfactory to the State Department of Public Health.

2. Nursing Staff and Other Personnel.- An adequate number of trained personnel shall be employed to give adequate care to patients both day and night and to adequately staff organized departments. Provision shall be made for nursing coverage during vacation or other relief periods.

a. In maternity departments of 25 or more beds, the nursing personnel shall confine their services exclusively to obstetric patients and newborn infants.

b. Nurses caring for maternity patients and newborn infants in any hospital or maternity home shall not care for patients with communicable or infectious diseases.

c. Nurses, dietitians or other personnel assigned to formula room duty shall not perform any type of work which brings them in contact with infected infants or infected adults in any part of the hospital.

d. Special duty nurses shall at all times be under the supervision and direction of the nursing supervisor of the obstetrical and newborn unit, and shall be required to follow techniques established by the supervisor of these units.

e. Non-professional workers shall be supervised by a registered nurse, their duties clearly defined, and they shall be thoroughly instructed in all duties assigned to them.

### 3. Health of Personnel.-

a. Only well persons shall be in attendance on the maternity service. Personnel with evidence of upper respiratory infections, open skin lesions, diarrhea, or any other infectious disease, shall be excluded from the maternity and nursery services.

b. Personnel absent from duty because of any communicable disease or exposure thereto shall be excluded from the maternity service until examined by a physician. The examining physician shall certify to the superintendent, or the obstetrical supervisor, that said employee is not suffering from any condition that may endanger the health of the mothers or infants.

c. Hospitals with maternity departments shall make provisions for pre-employment and annual health examinations for all attendants assigned to this service.

## VIII. CARE OF PATIENTS

Each patient shall daily be given such PROPER personal attention and care,  
19.



including personal hygiene, as is ordered or indicated.

For patients isolated for communicable disease there shall be used an approved contagious disease technique.

Written Manual of Nursing Procedures.- Routine nursing procedures for care of obstetric patients and newborn infants shall be prepared in written form. Routine procedures for care of the newborn shall be in written form and shall be posted in the nursery and nursing station.

1. Care of the Newborn.- Newborn infants at all times shall remain isolated from personnel not assigned to their care and feeding, and from visitors.

a. Identification.- Every infant shall be marked for identification by an approved method before removal from the delivery room.

b. Prophylaxis.- One percent silver nitrate solution shall be instilled in each eye before an infant is removed from the delivery room.

c. Admissions.- No infant delivered outside the hospital shall be admitted to the newborn nursery.

d. Length of stay.- Newborn infants born in the hospital shall not be housed in newborn nursery longer than 2 weeks, except for premature infants weighing less than 6 pounds, infants requiring special medical observation, or infants required to be kept in the hospital for unusual circumstances. In no event shall they stay for more than 6 weeks except for good reason, for which approval shall be secured from the State Department of Public Health.

e. Persons entering nursery.- No person shall enter the nursery except those immediately concerned with the care of the newborn, and these persons shall be properly gowned, capped and masked, and properly scrubbed.

f. Gown, Mask and Cap Technique.-

(1) Freshly laundered gowns shall be provided daily, or oftener, as indicated.

(2) Masks. All physicians and personnel entering or working in nurseries shall wear masks which cover the nose and mouth. Masks large enough to cover adequately the nose and the mouth shall be provided in sufficient numbers to maintain proper technique. A clean mask shall not be worn longer than four hours and shall be discarded earlier if it becomes damp. The mask shall not be left hanging around the neck and shall not be fingered.

(3) Caps. Caps shall completely cover the hair.

g. Handwashing Technique.- Strict handwashing technique shall be carried out by physicians and nurses and personnel caring for newborn infants. Hands shall be scrubbed with soap and running water for 2 minutes before initial entry into the nursery. Hands shall be washed with soap and running water before and after handling, diapering, or feeding each infant.

h. Dressing, Bathing and Diapering.- A common dressing, bathing or diapering table, if used, shall be draped with sterile linen or suitable clean paper sheeting for each infant immediately before use. No rinsing of diapers or other linens shall be done in the nursery, nor shall diapers be washed or rinsed

by personnel who care for and feed the infants.

All washable bedding, including blankets and garments used for newborn infants shall be washed separately from other linens, or sterilized before use.

When oil is used for the infant's skin, it shall be sterile and kept in a sterile glass container from which it is poured onto the individual piece of cotton used in applying the oil.

Weighing.- Immediately before each use the weighing scale shall be draped with sterile linen or suitable clean paper sheeting.

i. Transportation of Infant to Mother.- If a group carrier is used it shall be covered with sterile linen or clean paper sheeting before each use and infants shall be properly separated.

j. Cleaning the Nursery.- No dry dusting or cleansing in a nursery unit shall be allowed. Maids shall wear gowns, caps and masks while cleaning nurseries.

## 2. Isolation Technique.

### a. Isolation of obstetric patients.-

(1) If, on admission, evidence is found that the patient has an infection, or is a carrier of a communicable disease, she shall be isolated from other patients.

(2) All mothers who develop evidence of infectious disease after admission, or who have a temperature of 100.4°F. or over on two successive days after the first day postpartum, shall be isolated and segregated from afebrile maternity patients.

(3) Any patient who comes to the hospital already delivered shall be considered infectious and shall not be admitted to the clean maternity department or section.

### b. Isolation of the Newborn.-

(1) In maternity hospitals receiving maternity cases exclusively all infants suspected of or having infectious disease shall be immediately transferred to the <sup>suspect or</sup> isolation nursery and shall be cared for with strict isolation technique. The supervising obstetrical nurse shall have authority to order the transfer of suspected infants to the <sup>suspect or</sup> isolation nursery and shall report all such cases to the administrator of the hospital. The physician in charge of the suspected infant shall be notified immediately.

(2) In general hospitals receiving maternity patients, infants <sup>suspect or</sup> in isolation nurseries shall be cared for with strict isolation technique. The supervising obstetrical nurse shall have authority to order the transfer of suspected infants to the <sup>suspect or</sup> isolation nursery and shall report all such cases to the administrator of the hospital. The physician in charge of the suspected infant shall be notified immediately.

(3) Any infant delivered of, or in contact with, an infected mother shall be isolated.

(4) Ritual circumcisions shall be performed outside of the nursery and after-care of the infant shall be given in suspect or isolation room because of the danger of infection. Circumcisions other than ritual shall be



performed in the delivery room unless a special treatment room is provided.

(5) Any infant suspected of developing or showing symptoms of diarrhea shall be immediately placed in the suspect nursery or isolation nursery and cared for with strict isolation technique. Infant contacts shall be kept under close observation until discharged from the hospital. Infants transferred from the newborn nursery to the suspect or isolation nursery shall remain therein until discharged from the hospital.

(6) When there are two or more cases of diarrhea of the newborn no new infants shall be admitted to such nursery and an auxiliary emergency newborn nursery shall be provided. After emptying the infected nursery it shall be thoroughly cleaned with an approved technique before re-admitting infants.

## IX. RECORDS

All records shall be permanent, either typewritten or legibly written with pen and ink.

1. A record shall be kept in a satisfactory manner, such as a bound book or permanent file, on a yearly basis, on each patient admitted to any hospital. Records for adults shall be kept for seven years following the date of discharge. Records for minors shall be kept for one year after they reach the age of 21 years.

2. The minimum record shall consist of:

- Name
- Admittance Address
- Age
- Sex
- Marital Status (M S D W)
- Date of Admission
- Date of Discharge
- Name and address of person or agency responsible for patient
- Name, address and telephone number of attending physician
- Diagnosis
- Nursing notes
- Medication orders
- Progress notes
- Complete history and physical examination
- Temperature chart, including pulse and respiration
- Admission and working diagnosis
- Laboratory reports of all tests done
- Condition of patient at time of discharge, with final diagnosis
- Complete surgical record, including anaesthetic record,
  - pre-operative diagnosis,
  - operative procedure and findings,
  - post-operative diagnosis, and
  - tissue diagnosis on all specimens surgically removed
- Complete obstetrical record including prenatal record (if available)
  - labor record,
  - delivery record, and
  - complete newborn record

## X. REPORTS

Any occurrence, such as epidemic outbreaks, poisonings or other unusual occurrences, which threatens the welfare, safety or health of any patient admitted to any of the institutions covered by the Hospital Licensing Law, or the rules and regulations pertaining thereto, shall be immediately reported, either by telephone or telegram to the local Health Officer. The institution shall furnish such other pertinent information related to such occurrences as the local or State Department

of Public Health may require.

### Reporting.-

1. All cases of Acute Infectious Conjunctivitis of the Newborn (Ophthalmia Neonatorum) shall be reported immediately to the local health officer. .

2. All cases of diarrheal disorders, regardless of etiology, with symptoms described under Definitions, shall be reported immediately by telephone to the local health officer so that steps can be taken to set up control measures before a potentially serious infection has spread through the nursery.

All institutions shall submit annual reports to the State Department of Public Health on forms which will be supplied for this purpose. These reports shall consist of:

Total number of admissions during year  
Total number of discharges during year  
Total number of deaths during year  
Bed capacity  
Average percentage of bed occupancy  
Total patient days  
Average length of stay  
Number of major operations  
Number of minor operations  
Number of autopsies  
Complete maternity statistics as required by the State Department of Public Health  
Report of any changes in structure and/or services within the past year  
Report of any contemplated changes in the next year

### XI. RULES FOR VISITORS

1. No child under 16 years of age shall be permitted to visit maternity patients.
2. Visitors shall not be allowed in the nursery or delivery room and shall not be permitted to have any contact with the infants.
3. Visitors with colds, or any other infection, shall be excluded from the maternity department or section.
4. Visitors shall be excluded from the mother's room during feeding of the infant.
5. There shall not be more than two visitors per maternity patient at any time.
6. Visitors shall not sit on beds or place articles of clothing on the bed of maternity patients.
7. Rules for visitors shall be conspicuously posted.

### XII. CHILD PLACING REGULATIONS

The release or placing of infants for adoption shall be in conformity with the State Law regulating adoption procedure. Maternity hospitals or homes shall report to the State Department of Social Welfare, on forms supplied by that agency, within 24 hours, the name and address of any person, other than a parent or relative by blood or marriage, or the name and address of the organization or institution, into whose custody a child is given on discharge from the maternity hospital or maternity home.

Adopted by State Board of Public Health

My 8, 1946 September 6, 1946



PART IV. REQUIREMENTS FOR MATERNITY INSTITUTIONS  
B. MATERNITY HOMES

DEFINITIONS

- I. "HOSPITAL" shall mean any institution, place, building, or agency which maintains and operates organized facilities for the diagnosis, care and treatment of human illness, including convalescence and including care during and after pregnancy, or which maintains and operates organized facilities for any such purpose, and to which persons may be admitted for overnight stay or longer. This includes sanatorium, rest home, nursing home, maternity home, lying-in asylum, and clinics providing overnight care.
- II. "HOSPITALIZATION", within the meaning of the Hospital Licensing Law, is admission to any hospital, institution, place, building, or agency which maintains and operates organized facilities for the diagnosis, care, and treatment of human illness, including convalescence and including care during and after pregnancy, or which maintains and operates organized facilities for any such purpose, and to which persons may be admitted for overnight stay or longer. This includes sanatorium, rest home, nursing home, maternity home, lying-in asylum, and clinics providing overnight care.
- III. "MATERNITY HOME" (1-3 beds) is a private home or institution receiving maternity patients for gain or reward before, during or after delivery. Any home which receives more than one (1) maternity patient, exclusive of relatives, within a period of six (6) months is deemed to be a Maternity Home.
- IV. GENERAL REGULATIONS:

A. No other type of patient shall be cared for in a maternity home at any time. Boarders and lodgers shall not be accommodated and no children shall be boarded.

B. A Maternity Home shall not accept patients known to have or suspected of having complications, or patients in need of Cesarean section or other operative delivery.

C. Children under 12 years of age shall not reside in a Maternity Home when patients are present.

D. Acute Infectious Conjunctivitis of the Newborn (Ophthalmia Neonatorum) includes Gonorrheal Ophthalmia, Ophthalmia Neonatorum, and babies' sore eyes in the first 21 days of life.

E. Diarrhea of the Newborn up to 3 weeks of age occurring in a hospital giving maternity service. Diarrhea of the newborn, regardless of etiology, shall be suspected to exist when an infant has more than one liquid stool in 24 hours and shall be considered definitely present if this persists for more than 2 days. An exception may be made in the case of entirely breast-fed infants who show no sign of illness and are gaining weight.

GENERAL

- I. All hospitals shall conform to the rules and regulations adopted by the State Fire Marshal establishing minimum standards for the prevention of fire and for the protection of life and property against fire and panic and shall secure a clearance relative to fire safety from the local fire authority or the State Fire Marshal, certifying that said hospital is complying with the minimum standards of fire prevention and protection established by the State Fire Marshal.
- II. These rules and regulations shall be made available to each employee of the institution and the personnel shall be familiar with the provisions of these rules and regulations.

LICENSE

- I. Separate Licenses Required.- Separate licenses are required for institutions maintained in separate premises, even though they are operated under the

same management; provided, however, that separate licenses are not required for separate buildings on the same grounds.

- II. Posting of License.- The license shall be conspicuously posted on the premises in the front office where patients are admitted.
- III. Capacity.- No hospital shall admit more patients than the number of beds for which it is licensed.
- IV. License Not Transferable.- The Hospital License is not transferable. The State Department of Public Health shall be notified of any change in ownership, name or location of the hospital and a new application shall be submitted.

#### I. SUBMISSION OF PLANS FOR ALTERATION OR NEW CONSTRUCTION

When construction is contemplated, either for new buildings, additions to existing buildings, or material alterations to existing building, the preliminary plans shall be submitted in quadruplicate to the State Department of Public Health for approval. The preliminary plans shall include, in detail, according to scale the following:

##### Plot Plan

1. Size and shape of entire site with over-all dimensions
2. Point of compass and data on prevailing and storm winds where significant
3. Topographical conditions (engineer's survey is required)
4. Location of proposed building on site, its future additions and existing structures
5. Traffic pattern and connections for food circulation, personnel and hospital visitors
6. Service roads and parking areas
7. Buildings on adjacent properties within 40 feet of property (indicate only)
8. Existing growth (trees) and natural barriers (rocks, cliffs, streams, etc.)
9. Adjacent streets, highways, sidewalks, railroads, etc. (Designate major highways, county roads, or residential streets)
10. Show existing sewers and public utilities

##### Floor Plan

11. Location, sizes and purposes of all rooms
12. Location of all doors, windows, door swings, etc.
13. Location of plumbing fixtures, bulletin boards, built-in equipment and casework
14. General method of heating, ventilating and lighting
15. Over-all dimensions
16. Possible future additions to the building
17. Tentative furniture and equipment layouts, including nurses' stations

##### Elevations (same scale as plans, of at least two sides)

18. Finished floor and ceiling levels
19. Finished outside grades
20. Windows, doors, steps, areas, retaining walls, etc.
21. Materials, especially as related to acoustics and maintenance

##### Sections (same scale, to explain condition not made clear in other drawings)

##### Miscellaneous

22. Dates of drawings and revisions



23. For auditorium-assembly units of teaching hospitals, seating over 100, evidence that acoustical adequacy has been considered in shape and form

All proposed new hospital construction or alterations shall meet the standards of the 1946 Uniform Building Code of the Pacific Coast Building Officials Conference. In the event of conflict between the Uniform Building Code and the rules and regulations of the State Board of Public Health, as they pertain to new construction or alteration of hospitals, the standards of the State Board of Public Health shall prevail.

After preliminary plans and drawings have been submitted and tentatively approved by the State Department of Public Health, within ten days of receipt one copy will be returned to the applicant for corrections. The applicant shall then submit, in quadruplicate, blue prints of working drawings and specifications, with the required revisions, to the State Department of Public Health for comparison with the approved preliminary plans, before contract is let, at which time the State Department of Public Health will formally approve the plans or return same for final approval. The final approved plans shall then be returned within three weeks.

It is recognized that change orders may be necessary during the course of construction. Telephone or telegraph communication with the State Department of Public Health is required and approval or rejection will be given within a reasonable time on all change orders affecting the health and/or safety of the patient. This approval will be confirmed in writing by both the architect and the State Department of Public Health.

## II. COMMUNICATION

There shall be a telephone in the building, and additional telephones or extensions as required to summon help promptly in case of fire or other emergency.

Accessibility: Institution shall be located on a road or highways kept passable at all times of the year.

## III. PHYSICAL PLANT

### A. CONSTRUCTION

#### EXISTING FACILITIES

1. ~~Walls and floors~~ shall be of a character to permit either frequent washing, cleaning or painting.

2. The construction of the building shall be such as to prevent the entrance and harborage of rats and other rodents.

3. The building shall be kept in good repair, clean and sanitary at all times.

4. Construction shall provide for the safety and protection of patients and personnel.

NEW CONSTRUCTION: Ceilings.- Ceilings shall be a minimum height of eight feet.

### B. HEATING

Heating plant or facilities shall be adequate to maintain a comfortable temperature for patients and personnel in the institution, at all times.

### C. SANITATION

1. Water Supply.- The water supply shall be of safe, sanitary quality, suitable for use, and shall be obtained from a water supply system, the

location, construction, and operation of which comply with the standards approved by the local health department and the State Department of Public Health. The water shall be distributed to adequate and conveniently located taps in the building. Adequate hot water, minimum temperature of 110°F., shall be available.

2. Sewage Disposal.- Sewage shall be discharged into a public sewerage system where such a system is available; or the sewage shall be collected, treated and disposed of in an independent sewerage system; either shall have the approval of the local health department and the State Department of Public Health.

3. Plumbing.- Toilet facilities shall be provided in reasonable ratio according to the number, type and sex of patients cared for, and personnel of the institution.

The plumbing and drainage or other arrangements for the disposal of excreta and infectious discharges and institutional wastes, shall be in accordance with sections 17456 to 17466 inclusive of the Health and Safety Code and will be used by the State Department of Public Health for approval.

Cross connections in plumbing, between safe and potentially unsafe water supplies are prohibited. This refers particularly to toilets, instrument sterilizers, autoclaves, laundry fixtures, boiler rooms, bed-pan washers, hoppers, or other fixtures of similar nature. Water shall be delivered to any fixture, equipment, or service above the rim, or points of overflow. All submerged intakes to plumbing fixtures are prohibited unless they are satisfactorily protected against back siphonage.

4. Garbage Disposal.- All garbage shall be stored and disposed of in a manner that will not permit the transmission of a contagious disease, create a nuisance, or provide a breeding place for flies. All containers for garbage shall be water-tight, have tight fitting covers, and be rodent proof. Refrigeration of garbage is desirable.

5. Screens.- Adequate screens of sixteen meshes per inch to protect against flies and other insects shall be provided on doors and windows where necessary. No doors shall be in conflict with fire and panic laws.

#### D. LIGHTING

1. Adequacy.- Each patient's room shall be an outside room with a satisfactory amount of unobstructed natural light. The minimum window area shall be not less than one-eighth of the superficial floor area. More window area is highly desirable.

The window area of the newborn nursery shall be not less than one-fifth of the superficial floor area.

Every room, including storerooms and attic, shall have sufficient artificial lighting facilities so that all parts shall be clearly visible under such artificial lighting.

All hallways, stairways, inclines, ramps, and entrances shall be well lighted.

Lighting fixtures shall be selected and located with a view to the comfort and safety of patients and personnel. Exposed light globes shall not be used, except in closets and storage spaces.



NEW CONSTRUCTION: In all rooms used for maternity patients the window area shall be not less than one-fifth of the superficial floor area.

2. Emergency Lighting.- Emergency lighting facilities shall be provided and distributed so as to be readily available to personnel on duty. Flashlights or battery operated lamps shall be in readiness at all times for use. At no time shall open flame type of light be used.

#### E. VENTILATION

Buildings shall at all times be adequately ventilated. Kitchens, bathrooms, and service rooms shall be so located and ventilated by window or mechanical means as to prevent offensive odors from entering patients' rooms and the public halls.

#### F. ELEVATORS AND STAIRWAYS

1. Elevators.- Elevators and machinery shall be so constructed and maintained as to comply with the regulations of the Division of Industrial Safety, California Department of Industrial Relations.

2. Stairways.- All stairways shall be provided with handrails. All open stairwells shall be protected with guardrails. Non-slip treads are recommended for existing stairways and shall be required in new construction.

#### G. LAUNDRY

The institution shall make provisions for the proper cleansing of linen and other washable goods.

#### H. INCINERATION

Adequate incineration facilities shall be provided for the disposal of infected dressings, surgical and obstetrical wastes, and other similar materials; if incomplete combustion occurs facilities shall be provided for auxiliary firing of incinerator.

### IV. FOOD SANITATION

#### A. FACILITIES FOR PREPARATION AND SERVING OF FOOD

There shall be adequate facilities for the proper preparation and serving of food for both patients and personnel.

In addition, the following shall be required:

##### 1. Equipment for Formula Preparation

- 2 Clean towels or one-half sheet for covering table
- 2-3 Dozen nursing bottles (sufficient number for the 24-hour period, plus two bottles for giving water twice daily)
- 2-3 Dozen nipples
- 2-3 Dozen nipple protectors
- 1 Jar sterilized cotton balls
- 1 Funnel
- 1 Measuring cup graduated in ounces
- 1 Bottle Brush
- 2 Standard measuring spoons (one tablespoon, one teaspoon)
- 1 Large spoon for stirring

- 1 Can opener
- 1 Mixing bowl
- 1 Knife
- 1 Large lifting forceps
- 1 Covered enamel pan large enough to hold all equipment to be sterilized
- 1 Small covered enamel pan to boil nipples
- 1 Pepper or strainer for submerging nipples during the boiling process
- 1 Covered jar for boiled water
- 1 Covered pan for boiling water

## 2. Formula Technique

All equipment shall be boiled for 10 minutes. Timing begins when the boiling actually starts.

All equipment used in the preparation of formula shall be used for no other purpose. It shall be stored separately from other kitchen utensils in a clean place.

Method of preparing the formula shall be such as to insure a clean and safe formula mixture. The following method shall be followed:

- a. Select a time when the preparation can proceed without interruption.
- b. Formula shall be prescribed by attending physician in writing and orders for any change of formula shall be written. Have a copy of the physician's written orders in view while preparing the formula.
- c. Boil for 10 minutes in a covered pan sufficient water for mixing formula and for the day's supply of drinking water.
- d. Select a table in the kitchen from which all articles are removed.
- e. Scrub the table area thoroughly with a brush, soap and hot water.
- f. Scrub hands and arms to the elbow with a brush, soap and under warm running water for two minutes. Finger nails shall be short and clean.
- g. Put on clean apron and mask.
- h. Cover the scrubbed area of the table with clean towels or a half sheet before removing sterilized equipment from the large kettle.
- i. Wash top of the can of evaporated milk with soap and water and dip in boiling water. Wipe the top dry with a sterile cotton ball before opening the can with the sterile can opener.
- j. Remove the sterilized articles from the kettle with the lifting forceps as they are needed.
- k. Measure the required amounts of boiled water into the mixing bowl. The remainder of the boiled water shall be stored in the covered jar prepared for that purpose.
- l. Return the boiled water to the pan and add the required amount of sugar preparation ordered by the physician. Stir well and boil for two minutes.
- m. Measure the required amount of evaporated milk into the mixing bowl and add the water and sugar as prepared under "1". (Evaporated milk mixture need not be boiled. It is sterile before the can is opened.) Stir well with the sterile spoon.
- n. Pour the required amount of formula into individual sterile feeding bottles.
- o. Put on the sterile nipples and cover with sterile glass nipple protectors.
- p. Chill rapidly by placing the bottles in a pan of warm water which is rapidly cooled by adding cold water and ice, gradually chilling.
- q. Store bottles in the refrigerator, in which a section shall be reserved for formula, until ready for use.
- r. A temperature of 40-45°F. shall be maintained at all times in the



refrigerator containing formulae. There shall be a thermometer in the refrigerator.

s. If pasteurized bottle milk is used, the required amount shall be measured into sugar and water as noted under "1" and all three ingredients boiled together for three minutes.

### 3. Care of Bottles and Nipples

a. Bottles.- Immediately after feeding, bottles shall be rinsed in cold water then immersed in a pan of cold water until ready to be washed. Bottles shall be cleaned with hot soapy water, using a brush and scrubbing all surfaces, followed by rinsing thoroughly in clear water. They shall be stored in a clean place until ready for the boiling process.

#### b. Nipples.-

(1) All new nipples shall be washed and boiled for twenty minutes in an alkaline detergent solution to properly remove the scum. After washing they shall be rinsed thoroughly in clear water.

(2) Nipples shall be inspected when first purchased and periodically thereafter to see that holes are of the correct size that baby can get formula easily but not too rapidly.

(3) After removal from the feeding bottles, nipples shall be rinsed under clear cold water. They shall be inverted and thoroughly scrubbed inside and out with a brush in warm soapy water, then thoroughly rinsed in cold water. Care shall be given to the small holes to keep them clean and free from old milk particles. They shall be stored in covered container until ready for boiling.

(4) Nipples shall be sterilized by boiling for 10 minutes in a separate covered pan. Care shall be taken that nipples are submerged during the boiling process.

### 4. Infant Feeding Technique

a. Bottle-fed babies shall be held either by the mother or the nurse when a formula is given.

b. The formula shall be warmed by placing the bottle with nipple and nipple protector in a deep sauce-pan of water. Heat until it is warm but not hot.

## B. FOOD STORAGE

1. Storerooms.- Adequate storerooms shall be clean and well ventilated. All food shall be so stored as to be protected from dust, flies, rodents, vermin, unnecessary handling, droplet infection, overhead leakage, or other source of contamination. Poisons or drugs shall not be stored or kept with food or in such a manner that they might be mistaken for food.

2. Refrigeration.- All perishable food shall be adequately refrigerated. There shall be a reliable thermometer in each refrigerator at all times and in storerooms used for perishable food.

## C. CLEANSING AND DISINFECTION OF DISHES

All multi-use utensils used for eating, drinking, and in the preparation or serving of food and drink shall be effectively cleaned and disinfected after each usage. Gross food particles should be removed by careful scraping and pre-rinsing in running water. Brushes, baskets and sprays are suggested. The

dishes shall be thoroughly washed in hot water, minimum temperature of 110°F., using an adequate amount of effective soap or detergent. Following this, the utensils shall be rinsed in hot water to remove soap, and disinfected by one of the following methods, or the equivalent, as approved by the State Department of Public Health:

1. Immersion for at least 2 minutes in clean water at 170°F.
2. Immersion for at least one-half minute in boiling water.

3. Steam jets. Steam jets can be made effective with steam jets.

Results obtained with dishwashing machines shall be equal to those obtained by the methods outlined above.

After disinfection the utensils shall be allowed to drain and dry in racks or baskets on non-absorbent surfaces. Drying cloths are not recommended. Dishes shall be stored in closed cupboards.

#### D. CONSTRUCTION OF GLASS-FILLING DEVICES

Every mechanical water glass-filling device shall be constructed so as to prevent any contact of the upper one-third of the glass with the device, and in addition, so that no portion of the device extends into the glass.

#### E. ICE

All ice used in contact with food or drink shall be from a satisfactory source, and handled and dispensed in a sanitary manner.

#### F. MILK SUPPLY

There shall be a safe milk supply. Pasteurized Grade A milk shall be provided if available.

#### G. HAND-WASHING FACILITIES FOR FOOD HANDLERS

There shall be adequate hand-washing facilities, with soap, running water, and an adequate supply of individual towels, in all kitchens, including diet kitchens, and in wash-rooms used by food handlers. Use of a common towel is prohibited.

### V. ACCOMMODATIONS FOR PATIENTS

#### A. ROOMS

1. Location.- Each patient's room shall be an outside room; the windows shall not be less than one-eighth of the superficial floor area.

2. Floor Area.-

a. Rooms shall be of sufficient size to allow not less than 60 square feet of superficial floor area per bed for the mother.

b. Where more than one maternity patient is in a room at least 3 feet of floor space shall be provided between beds.

c. Infant bassinets shall have at least 25 square feet of superficial floor area per bassinet.



d. If more than one bassinot is contained in a room there shall be  $1\frac{1}{2}$  feet between bassinets and bassinets shall stand at least 6 inches from walls and partitions.

e. Rooms licensed for maternity patients shall not be used by the household at any time.

f. All maternity homes shall have a separate nursery for newborn infants or shall make adequate provision for keeping the infants separate and apart from visitors or members of the family.

3. Isolation Room.- There shall be made available a room or rooms which shall be used for isolation of a patient or patients, infant or infants, with communicable disease or for seriously ill cases, pending transfer of such cases.

## B. FURNISHINGS

### 1. Bed.-

a. A good bed, mattress, and 2 pillows of standard size shall be provided for each patient. After discharge of any patient the bed and bed furnishings, bedside furniture and equipment shall be thoroughly cleansed.

b. One bassinot with firm, clean mattress covered with rubber sheeting, or the equivalent, and washable pad shall be provided for each infant.

2. Bedding.- A sufficient supply of clean bedding and bed linen shall be kept on hand for use at all times. Bedding and linen for maternity patients and newborn infants shall be kept apart from the household supply and shall be reserved for patients' use only.

3. Storage Space.- There shall be satisfactory storage space for clothing, toilet articles, and other personal belongings of patients.

4. Signals.- Means for signaling attendants shall be provided at the bedside of patients confined to bed. Hand bells are acceptable for use in small institutions.

## VI. FACILITIES AND EQUIPMENT FOR CARE

### A. SPACE REQUIREMENT

There shall be adequate space and facilities for the proper cleansing and storage of nursing supplies and equipment. Suitable provision shall be made for the preparation of medications and treatments.

Utility rooms shall have adequate lighting and ventilation. They shall be conveniently located for efficient conduct of work.

A bed-pan hopper shall be provided in each utility room and/or bed-pan cleansing room. The bath-tub, lavatory or laundry tray shall not be used for cleaning of bed-pans.

### B. EQUIPMENT FOR BEDSIDE CARE

There shall be sufficient equipment for nursing care according to the type of patients accepted by the institution. The following is not a complete list of nursing equipment needed for the care of patients; the aim, rather, has been to include certain minimum essentials and point out special precautions which shall be taken in their use.

1. Linen.-- Individual towels, wash cloths, and bath blankets (if indicated) shall be provided for each patient.

Bed-pan covers shall not be used interchangeably.

2. Utensils.-- There shall be a sufficient number of wash basins, mouth-wash cups, and bed-pans, plainly marked, for the use of each individual patient, provided that where utensils are sterilized after each using they need not be kept individual. Approved methods of sterilizing such equipment shall be by one of the following methods: (a) Submersion in boiling water for a minimum of 15 minutes (b) Autoclaving (15 lbs. pressure 250°F. for 20 to 30 minutes) (c) Live steam sterilization for a minimum of 5 minutes

3. Thermometers.-- There shall be a sufficient number of thermometers to permit adequate disinfection before using.

4. Hot Water Bags.-- Hot water bags shall be covered before placing in beds. If electric heating pads are used they shall be maintained in good repair. (It is recommended that hot water bags, if used, should be checked to see that the water is not too hot and that the bags are not leaking.)

5. Restraints.--

General: Restraints may be applied only when they are necessary to prevent injury to the patient or others, shall be used only when alternative measures are not sufficient to accomplish these purposes, and on written order of physician. In applying restraints careful consideration shall be given to the methods by which they can be speedily removed in case of fire or other emergency. Side guards on the bed may be found adequate.

6. First Aid.-- Equipment and supplies for first aid shall be readily available at all times.

7. General Equipment

1 Linen hamper with washable lining for soiled linen and cloths

1 Metal waste container with foot pedal

1 Covered pail or foot operated metal container for soiled diapers

Work table shall be provided with supplies for dressing, bathing and diapering of infants

Wall thermometer shall be provided for the room used for infants

Accurate beam scales, or equivalent, are required

Rectal thermometers and tube lubricant shall be provided. Each infant shall have an individual rectal thermometer stored in an antiseptic solution

Freshly laundered blankets and clothing shall be supplied for each new occupant of the crib. All clothing for use of infants in the maternity home - diapers, shirts, gowns, abdominal binders, blankets - shall be provided by the maternity home. This clothing shall not be taken home by the family to be laundered.

Gowns and masks, covering nose and mouth, shall be used by persons entering the nursery. A sufficient number of masks shall be provided to maintain proper technique.

8. Minimum Equipment and Supplies for Delivery. The following shall be provided:

1 Hospital bed, or suitable table, with firm mattress, rubber sheet, linen, blanket and pillow. Stirrups shall be provided if a delivery table is used.

2 Medium-sized tables for sterile equipment and hand solutions

1 Small table for anaesthesia equipment

1 Cabinet or cupboard for necessary medications, sterile supplies

1 Bassinet, warmed and ready to receive the baby

2 Basins for sterile solutions for doctors' hands

2 Small enamel pans for solutions for patient



- 1 Medium pan for placenta
- 4 Hand brushes in container
- 1 Large covered enamel kettle or sterilizer for boiling instruments
- 2 Large covered kettles, 8-10 quart size, for boiling water (one kettle for cool boiled water)
- 1 Kelly pad or suitable substitute
- 1 Clock
- 2 Pairs sterile rubber gloves (7 and 8 are average sizes)
- Identification equipment for baby
- Silver nitrate ampoules, 1 percent, for infant's eyes
- 1 Rubber ear syringe or a soft rubber cathoter, size 8, 10 or 12, for use in aspirating mucous from throat of newborn, which shall be kept in sterile wrappings

Sterile linen supplies in a wrapped package - Contents:

- 2 Gowns (one for doctor, one for helper)
- 2 Sheets, half size
- 6 Hand towels
- 10 Gauze squares
- 12 Cotton balls (size of egg, each wrapped in separate package)
- 6 Perineal pads
- 2 Cord ties and binder for baby
- 1 Receiving blanket

The following instruments shall be available, unless brought by the doctor:

- 1 Pair straight blunt scissors
- 2 Hemostats
- 1 Dressing forceps
- 1 Hypo syringe with needles

The maternity home shall have an emergency pack in readiness at all times. This pack shall be kept sterile by resterilizing it every two weeks if not used.

Maternity homes that do not have access to an autoclave or steam sterilizer shall make arrangements with a local hospital for sterilization of supplies. If these arrangements are not possible the maternity home shall communicate with the State Department of Public Health for instructions.

## 9. Minimum Equipment and Supplies for Maternity Patients

a. Individual equipment shall be provided for each patient. The following is the minimum equipment and supplies required for each patient:

- |                         |  |
|-------------------------|--|
| 1 Mattress pad or cover | 1 Small Basin (kidney basin or smaller one)                              |
| 2 Spreads               | 1 Thermometer in container three-quarters filled with alcohol-70 percent |
| 6 Sheets                | 1 Bedpan   |
| 3 Blankets              | 1 Medicine glass   |
| 4 Pillow cases          | 1 Drinking tube  |
| 6 Hand towels           | 1 Hot water bag  |
| 4 Bath towels           | 1 Set shock blocks   |
| 4 Wash cloths           | 1 Enema equipment  |
| 2 T binders             | 1 Rubber sheet or oil cloth, 36x72                                       |
| 2 Breast binders        |  |
| 2 Abdominal binders     |  |
| 1 Nipple shield         |  |

### b. Breast Tray

- 2 Small covered jars - one for sterile cotton applicators for

cleansing nipples, and one for solution as ordered by the doctor

- 1 Small paper bag for waste
- 1 Jar with sterile gauze squares to protect nipples
- 1 Jar for sterile forceps to remove sterile goods from containers
- 1 Tray

c. Perineal Tray.— A tray large enough to hold the following articles shall be provided.

- 1 Pint pitcher, or a covered pint jar, for sterile solution  
Clean towel shall cover the pitcher at all times, except when in use
- 1 Covered jar for cotton balls
- 1 Container with disinfectant solution for lifting forceps
- 1 Package with sterile pads
- 1 Waste paper bag

The tray shall be cleaned daily and pitcher for solution and forceps and container shall be boiled and solution changed daily.

10. Equipment and Supplies for Care of Infants.— Minimum equipment for each infant shall consist of:

- |                |                 |
|----------------|-----------------|
| 3 Blankets     | 3 Pads          |
| 1 Basin        | 2 Coverlets     |
| 4 Wash cloths  | 4 Dozen diapers |
| 3 Gowns        | 3 Shirts        |
| 1 Rubber sheet | 3 Binders       |
| 4 Sheets       |                 |

### C. STORAGE OF MEDICINES

1. All medicines, poisons, stimulants and other drugs or biologicals shall be plainly labeled and stored in a specially designated and well illuminated medicine cabinet, closet, refrigerator, or storeroom and made accessible only to responsible personnel.

2. Narcotics shall be stored and dispensed subject to State and Federal Narcotic Regulations.

3. Drugs individually proscribed and medicines for patients who have left the institution shall be discarded.

4. Boric acid crystals or boric acid preparations shall not be used in the maternity home.

### D. STERILIZATION OF SUPPLIES

1. Sterilizing Equipment.— There shall be provision for the proper sterilization of dressings, utensils, instruments and solutions, if such are used in the institution.

2. Check of Sterilizer Performance.— The hospital shall adopt a method of checking sterilizer performance approved by the Department.

3. Storage of Supplies.— A cabinet, cupboard, or other suitable enclosed space shall be provided for keeping sterile equipment and supplies in a clean, convenient and orderly manner. Special precautions shall be taken so that sterile supplies may not be mixed with unsterile supplies.



## E. HAND-WASHING FACILITIES

There shall be adequate handwashing facilities for attendants and physicians. The patients' rooms shall be located close to the bathroom and washroom, or facilities for hand-washing shall be installed in the rooms used for patients.

## VII. PERSONNEL

### A. MEDICAL ATTENDANCE

1. All persons admitted to any institution covered by these standards shall be under the care of a person duly licensed to practice the healing arts in California. The name, address and telephone number of the physician or physicians attending each patient shall be recorded for ready reference.

2. All institutions covered by these standards shall arrange for one or more duly licensed practitioners of the healing arts to be called in emergency.

3. An advisory medical committee composed of physicians using the maternity home shall be responsible for regulating techniques, nursing care and professional standards.

4. No medication or treatment shall be given in institutions covered by these standards except on the written order of one lawfully authorized to give such order.

### B. NURSING SERVICE

Sufficient personnel shall be employed to give adequate care to patients both day and night. Provisions shall be made for nursing coverage during vacation or other relief periods.

## VIII. CARE OF PATIENTS

Each patient shall daily be given such PROPER personal attention and care, including personal hygiene, as is ordered or indicated.

For patients isolated for communicable disease there shall be used an approved contagious disease technique.

1. Delivery.— The physician shall be notified when patient is admitted and immediately upon onset of labor. The physician shall be present at the time of delivery.

2. Care of the Newborn.— All care rendered newborn infants shall be ordered by the attending physician and shall be at his direction.

a. Identification.— Every infant shall be marked for identification by an approved method before removal from delivery room.

b. Prophylaxis.— One percent silver nitrate solution shall be instilled in each eye before an infant is removed from the delivery room. S  
of the Department of Health and Welfare, State of California, 1947.

c. Admissions.- No infant delivered outside the maternity home shall be admitted to the newborn nursery.

d. Length of stay.- Newborn infants born in the maternity home shall not be housed in newborn nursery longer than 2 weeks, except for premature infants weighing less than 6 pounds or infants requiring special medical observation. In no event shall they stay for more than 6 weeks except for good reason, for which approval shall be secured from the State Department of Public Health.

e. Persons entering nursery.- No person shall enter the nursery except those immediately concerned with the care of the newborn, and those persons shall be properly gowned, capped and masked, and properly scrubbed.

f. Gown, Mask and Cap Technique.-

(1) Freshly laundered gowns shall be provided daily, or oftener, as indicated.

(2) Masks. All physicians and personnel entering or working in nurseries shall wear masks which cover the nose and mouth. Masks large enough to cover adequately the nose and the mouth shall be provided in sufficient numbers to maintain proper technique. A clean mask shall not be worn longer than four hours and shall be discarded earlier if it becomes damp. The mask shall not be left hanging around the neck and shall not be fingered.

(3) Caps. Caps shall completely cover the hair.

g. Handwashing Technique.- Strict handwashing technique shall be carried out by physicians and nurses and personnel caring for newborn infants. Hands shall be scrubbed with soap and running water for 2 minutes before initial entry into the nursery. Hands shall be washed with soap and running water before and after handling, diapering, or feeding each infant.

h. Dressing, Bathing and Diapering.- A common dressing, bathing or diapering table, if used, shall be draped with sterile linen or suitable clean paper sheeting for each infant immediately before use.

When oil is used for the infant's skin, it shall be sterile and kept in a sterile glass container from which it is poured onto the individual piece of cotton used in applying the oil.

Weighing.- Immediately before each use the weighing scale shall be draped with sterile linen or suitable clean paper sheeting.

i. Cleaning the Nursery.- No dry dusting or cleansing in a nursery unit shall be allowed. Maids shall wear gowns, caps and masks while cleaning nurseries.

### 3. Isolation Technique.-

a. Isolation of obstetric patients.-

(1) If, on admission, evidence is found that the patient has an infection or is a carrier or a communicable disease, she shall be isolated from other patients.

(2) All mothers who develop evidence of infectious disease after admission, or who have a temperature of 100.4°F. or over on two successive days after the first day postpartum, shall be isolated and segregated from afebrile maternity patients.



to the local health officer so that steps can be taken to set up control measures.

3. All births and deaths shall be reported promptly to the local Registrar by the attending physician.

All maternity homes shall submit annual reports to the State Department of Public Health on forms which will be supplied for this purpose.

These reports shall consist of:

Total number of admissions during year  
Total number of discharges during year  
Bed capacity  
Average percentage of bed occupancy  
Total patient days  
Average length of stay  
Total number of deliveries during year  
Total number of live births during year  
Total number of maternal deaths during year  
Total number of infant deaths during year  
Total number of stillbirths during year  
Total number of abortions  
Number of autopsies  
Report of any changes in structure and/or services within the past year  
Report of any contemplated changes in the next year

#### XI. RULES FOR VISITORS

1. No child under 16 years of age shall be permitted to visit maternity patients.
2. Visitors shall not be allowed in the nursery or delivery room and shall not be permitted to have any contact with the infants.
3. Visitors with colds, or any other infection, shall be excluded from the rooms of maternity patients.
4. Visitors shall be excluded from the mother's room during feeding of the infant.
5. There shall not be more than two visitors per maternity patient at any time.
6. Visitors shall not sit on beds or place articles of clothing on the beds of maternity patients.
7. Rules for visitors shall be conspicuously posted.

#### XII. CHILD PLACING REGULATIONS

The release or placing of infants for adoption shall be in conformity with the State Law regulating adoption procedure. Maternity hospitals or homes shall report to the State Department of Social Welfare, on forms supplied by that agency, within 24 hours, the name and address of any person, other than a parent or relative by blood or marriage, or the name and address of the organization or institution, into whose custody a child is given on discharge from the maternity hospital or maternity home.

Adopted by State Board of Public Health

September 3, 1946.

STATE OF CALIFORNIA  
DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF HOSPITAL INSPECTION

PART V. (A) REQUIREMENTS FOR TUBERCULOSIS HOSPITALS AND SANATORIA

- I. "HOSPITAL" shall mean any institution, place, building, or agency which maintains and operates organized facilities for the diagnosis, care and treatment of human illness, including convalescence and including care during and after pregnancy, or which maintains and operates organized facilities for any such purpose, and to which persons may be admitted for overnight stay or longer. This includes sanatorium, rest home, nursing home, maternity home, lying-in asylum, and clinics providing overnight care.
- II. "HOSPITALIZATION" within the meaning of the Hospital Licensing Law, is admission to any hospital, institution, place, building, or agency which maintains and operates organized facilities for the diagnosis, care, and treatment of human illness, including convalescence and including care during and after pregnancy, or which maintains and operates organized facilities for any such purpose, and to which persons may be admitted for overnight stay or longer. This includes sanatorium, rest home, nursing home, maternity home, lying-in asylum, and clinics providing overnight care.
- III. "TUBERCULOSIS HOSPITALS". Any hospital or sanatorium primarily intended for the reception, diagnosis, care and treatment of tuberculosis cases shall be considered a Tuberculosis Hospital or Sanatorium and shall conform to the requirements as herein set forth. All patients diagnosed or suspected of having tuberculosis shall be segregated from other non-tuberculous patients in the hospital.

GENERAL

- I. All hospitals shall conform to the rules and regulations adopted by the State Fire Marshal establishing minimum standards for the prevention of fire and for the protection of life and property against fire and panic and shall secure a clearance relative to fire safety from the local fire authority or the State Fire Marshal, certifying that said hospital is complying with the minimum standards of fire prevention and protection established by the State Fire Marshal.
- II. These rules and regulations shall be made available to each employee of the institution and the personnel shall be familiar with the provisions of these rules and regulations.

LICENSE

- I. Separate Licenses Required.- Separate licenses are required for institutions maintained in separate premises, even though they are operated under the same management; provided, however, that separate licenses are not required for separate buildings on the same grounds.
- II. Posting of License.- The license shall be conspicuously posted on the premises in the front office where patients are admitted.
- III. Capacity.- No hospital shall admit more patients than the number of beds for which it is licensed.
- IV. License Not Transferable.- The Hospital License is not transferable. The State Department of Public Health shall be notified of any change in ownership, name or location of the hospital and a new application shall be submitted.



## I. SUBMISSION OF PLANS FOR ALTERATION OR NEW CONSTRUCTION

When new construction is contemplated the preliminary plans for such construction shall be submitted in quadruplicate to the State Department of Public Health for approval. The preliminary plans shall include, in detail, according to scale the following:

### Plot Plan

1. Size and shape of entire site with over-all dimensions
2. Point of compass and data on prevailing and storm winds where significant
3. Topographical conditions (engineer's survey is required)
4. Location of proposed building on site, its future additions and existing structures
5. Traffic pattern and connections for food circulation, personnel and hospital visitors
6. Service roads and parking areas
7. Buildings on adjacent properties within 40 feet of property lines (indicate only)
8. Existing growth (trees) and natural barriers (rocks, cliffs, streams, etc.)
9. Adjacent streets, highways, sidewalks, railroads, etc. (Designate major highways, county roads, or residential streets)
10. Show existing sewers and public utilities

### Floor Plan

11. Location, sizes and purposes of all rooms
12. Location of all doors, windows, door swings, etc.
13. Location of plumbing fixtures, bulletin boards, built-in equipment and casework
14. General method of heating, ventilating and lighting
15. Over-all dimensions
16. Possible future additions to the building
17. Tentative furniture and equipment layouts, including nurses' stations

### Elevations (same scale as plans, of at least two sides)

18. Finished floor and ceiling levels
19. Finished outside grades
20. Windows, doors, steps, areas, retaining walls, etc.
21. Materials, especially as related to acoustics and maintenance

### Sections (same scale, to explain condition not made clear in other drawings)

### Miscellaneous

22. Dates of drawings and revisions
23. For auditorium-assembly units of teaching hospitals, seating over 100, evidence that acoustical adequacy has been considered in shape and form

When alterations or additions to existing buildings are contemplated, any or all of the above requirements may be waived by specific authorization of the State Department of Public Health upon submission of satisfactory evidence to justify such waiver.

All proposed new hospital construction or alterations shall meet the standards of the 1946 edition of the Uniform Building Code of the Pacific Coast Building Officials Conference. In the event of conflict between the Uniform Building Code and the rules and regulations of the State Board of Public Health, as they pertain to new construction or alteration of hospitals, the standards of the State Board of Public Health shall prevail.

After the preliminary plans and drawings have been submitted and tentatively approved by the State Department of Public Health, within ten days of receipt one copy will be returned to the applicant for corrections. The applicant shall then submit, in quadruplicate, blue prints of working drawings and specifications, with the required revisions, to the State Department of Public Health for comparison with the approved preliminary plans, before contract is let, at which time the State Department of Public Health will formally approve the plans or return same for correction, in which case they are to be re-submitted for final approval. The final approved plans shall then be returned within three weeks.

It is recognized that change orders may be necessary during the course of construction. Telephone or telegraph communication with the State Department of Public Health is required and approval or rejection will be given within a reasonable time on all change orders affecting the health and/or safety of the patient. This approval will be confirmed in writing by both the architect and the State Department of Public Health.

## II. COMMUNICATION

There shall be a telephone in the central building, and additional telephones or extensions as required to summon help promptly in case of fire or other emergency.

## III. PHYSICAL PLANT

### A. CONSTRUCTION

#### EXISTING FACILITIES:

1. Walls and floors shall be of a character to permit either frequent washing, cleaning or painting.
2. The construction of the building shall be such as to prevent the entrance and harborage of rats and other rodents.
3. The building shall be kept in good repair, clean and sanitary at all times.
4. Construction shall provide for the safety and protection of patients and personnel.

#### NEW CONSTRUCTION:

Shall conform to Group D, Division 2 of the 1946 Uniform Building Code of the Pacific Coast Building Officials Conference.

Corridors.- Minimum width of corridors of infirmary type hospitals shall be eight (8) feet, except in alterations where the present type of construction does not permit, in which case, by arrangement with the State Department of Public Health, the minimum width may be six (6) feet.

Ceilings.- Ceilings shall be a minimum height of eight (8) feet.

### B. HEATING

Heating plant or facilities shall be adequate to maintain a comfortable temperature for patients and personnel in the institution, at all times.

### C. SANITATION

1. Water Supply.- The water supply shall be of safe, sanitary quality, suitable for use, and shall be obtained from a water supply system, the location, construction, and operation of which comply with the standards



approved by the local health department and the State Department of Public Health. The water shall be distributed to adequate and conveniently located taps in the building. Adequate hot water, minimum temperature of 110°F., shall be available.

2. Sewage Disposal.-- Sewage shall be discharged into a public sewerage system where such a system is available; otherwise sewage shall be disposed of in an independent sewerage system approved by the local health department and the State Department of Public Health.

3. Plumbing.-- Toilet facilities shall be provided in reasonable ratio according to the number, type and sex of patients cared for, and personnel of the institution.

The plumbing and drainage or other arrangements for the disposal of excreta and infectious discharges and institutional wastes, shall be in accordance with sections 17456 to 17466 inclusive of the Health and Safety Code and will be used by the State Department of Public Health for approval.

Cross connections in plumbing, between safe and potentially unsafe water supplies are prohibited. This refers particularly to toilets, instrument sterilizers, autoclaves, laundry fixtures, boiler rooms, bed-pan washers, hoppers, or other fixtures of similar nature. Water shall be delivered to any fixture, equipment, or service above the rim, or points of overflow. All submerged intakes to plumbing fixtures are prohibited unless they are satisfactorily protected against back siphonage.

4. Garbage Disposal.-- All garbage shall be stored and disposed of in a manner that will not permit the transmission of a contagious disease, create a nuisance, or provide a breeding place for flies. All containers for garbage shall be water-tight, have tight-fitting covers, and be rodent proof.

5. Screens.-- Adequate screens of sixteen meshes per inch to protect against flies and other insects shall be provided on doors and windows where necessary. No doors shall be in conflict with fire and panic laws.

#### D. LIGHTING

1. Adequacy.-- Each patient's room shall be an outside room with a satisfactory amount of unobstructed natural light. The minimum window area shall be not less than one-eighth of the superficial floor area. More window area is highly desirable.

Every room, including storerooms and attic, shall have sufficient artificial lighting facilities so that all parts shall be clearly visible under such artificial lighting.

All hallways, stairways, inclines, ramps, and entrances shall be well lighted.

2. Fixtures.-- Lighting fixtures shall be selected and located with a view to the comfort and safety of patients and personnel. Exposed light globes shall not be used, except in closets and storage spaces. Artificial lighting shall be of such type as to avoid eye strain.

All lighting fixtures in operating rooms, emergency rooms and anesthetic rooms, if used, shall have lighting and electrical fixtures approved by the Fire Underwriters Laboratory. At least minimum approved overhead surgical light shall be provided in major operating rooms. In emergency rooms

and minor operating rooms there shall be provided at least a minimum approved portable spotlight.

3. Emergency Lighting.— Emergency lighting facilities shall be provided and distributed so as to be readily available to personnel on duty. At no time shall open flame type of light be used. Battery operated lamps or standby units shall be available at all times for use in the operating rooms, emergency rooms, heating or general power plants and such other places as the hospital administrator deems necessary. Flashlights or battery operated lamps shall be in readiness at all times for use in other areas of the hospital where needed.

#### E. VENTILATION

1. Buildings shall at all times be adequately ventilated. Kitchens, bathrooms and service rooms shall be so ventilated by window or mechanical means as to prevent offensive odors from entering patients' rooms and the public halls.

2. Adequate precautions shall be taken to prevent the introduction of dust-laden air into operating room.

NEW CONSTRUCTION: It shall be required, in all operating rooms, that air conditioning or other ventilating systems be used to maintain a proper temperature and humidity. Kitchens, bathrooms and service rooms shall be so located and ventilated by window or mechanical means as to prevent offensive odors from entering patients' rooms and the public halls.

#### F. ELEVATORS AND STAIRWAYS

##### 1. Elevators.

(a) Elevators and machinery shall be so constructed and maintained as to comply with the regulations of the Division of Industrial Safety, State Department of Industrial Relations.

##### EXISTING FACILITIES:

(a) In all multi-storied hospitals, at least one elevator or an adequate ramp shall be provided.

In all multi-storied hospital buildings with 100 to 200 beds at least two elevators. Additional elevators may be required by the State Department of Public Health.

##### NEW CONSTRUCTION:

In all multi-storied hospital structures at least one elevator, *5 feet 4 inches by 7 feet 0 inches* inside measurement, or larger, shall be provided.

##### 2. Stairways.

All stairways shall be provided with handrails. All open stairwells shall be protected with guardrails.

##### NEW CONSTRUCTION:

Non-slip treads shall be required on stairways or sloping passageways.

#### G. LAUNDRY

1. The institution shall make provision for the proper cleaning of linen



and other washable goods.

2. If the institution maintains and operates its own laundry, safety guards for laundry machinery shall be provided in accordance with the requirements of the Division of Industrial Safety, State Department of Industrial Relations.

3. Hospitals maintaining and operating laundries shall provide proper ventilation for the elimination of steam and odors and proper protection from noises being transmitted to patient areas.

#### H. INCINERATION

Adequate incineration facilities shall be provided for the disposal of infected dressings, surgical wastes, and other similar materials; if incomplete combustion occurs facilities shall be provided for auxiliary firing of incinerator.

### IV. FOOD SANITATION

#### A. FACILITIES FOR PREPARATION AND SERVING OF FOOD

There shall be adequate facilities for the proper preparation and serving of food for both patients and personnel.

#### B. FOOD STORAGE

1. Storerooms.- Adequate storerooms shall be clean and well ventilated. All food shall be so stored as to be protected from dust, flies, rodents, vermin, unnecessary handling, droplet infection, overhead leakage, or other source of contamination. Poisons or drugs shall not be stored or kept with food or in such a manner that they might be mistaken for food.

2. Refrigeration.- All perishable food shall be adequately refrigerated. There shall be a reliable thermometer in each refrigerator at all times and in storerooms used for perishable food.

NEW CONSTRUCTION: Additional space shall be provided for adequate refrigeration of salads and left-overs.

#### C. CLEANSING AND DISINFECTION OF DISHES

All multi-use utensils used for eating, drinking, and the preparation or serving of food and drink shall be effectively cleansed and disinfected after each usage. Gross food particles should be removed by careful scraping and pre-rinsing in running water. The dishes shall be thoroughly washed in hot water, minimum temperature of 110°F., using an adequate amount of effective soap or detergent. Following this, the utensils shall be rinsed in hot water to remove soap, and disinfected by one of the following methods, or the equivalent, as approved by the State Department of Public Health:

1. Immersion for at least 2 minutes in clean water at least 170°F.
2. Immersion for at least one-half minute in boiling water

Results obtained with dishwashing machines shall be equal to those obtained by the methods outlined above.

After disinfection, the utensils shall be allowed to drain and dry in racks or baskets on non-absorbent surfaces. Drying cloths are not recommended. Dishes shall be stored in closed cupboards.

#### D. CONSTRUCTION OF GLASS-FILLING DEVICES

Every mechanical water glass-filling device shall be constructed so as to prevent any contact of the upper one-third of the glass with the device, and in addition, so that no portion of the device extends into the glass.

#### E. ICE

All ice used in contact with food or drink shall be from a satisfactory source, and handled and dispensed in a sanitary manner.

#### F. MILK SUPPLY

There shall be a safe milk supply. Pastourized Grade A milk or Certified milk shall be provided.

#### G. HAND-WASHING FACILITIES FOR FOOD HANDLERS

There shall be adequate hand-washing facilities, with soap, running water, and an adequate supply of individual towels, in all kitchens, including diet kitchens, and in wash-rooms used by food handlers. Use of a common towel is prohibited.

### V. ACCOMMODATIONS FOR PATIENTS

#### A. ROOMS

1. Location.-- Each patient's room shall have an outside exposure. Rooms extending below ground level shall not be used for patients unless they are dry, well ventilated, have the required window space, and otherwise suitable for occupancy.

##### NEW CONSTRUCTION:

- (a) No patient's room shall be allowed below ground level
- (b) All semi-private rooms shall be provided with cubicle curtains or equivalent equipment

2. Floor Area.-- Rooms shall be of sufficient size to allow not less than 60 square feet of superficial floor space per bed with at least  $3\frac{1}{2}$  feet between beds. EXCEPTION: The  $3\frac{1}{2}$  feet between beds is not required where there is a solid barrier between beds at least 6 feet high extending the entire length of the bed.

##### NEW CONSTRUCTION:

(a) There shall be 70 square feet of superficial floor space per bed in wards, with at least 4 feet between beds. EXCEPTION: The 4 feet between beds is not required where there is a solid barrier between beds at least 6 feet high extending the entire length of the bed.

(b) Private rooms shall have a minimum of 100 square feet of floor area.

(c) In cottage-type construction there shall be 70 square feet of superficial floor space per bed for multiple-patient areas with at least 4 feet between beds.

(d) In cottage-type construction there shall be 100 square feet of superficial floor space for single-patient areas.

#### 3. Doors.

NEW CONSTRUCTION: All doors to patients' rooms, except closets and cupboards, shall have a minimum width of 3 feet 10 inches, except in



cottage-type construction.

4. Isolation Room.- There shall be made available a room or rooms which shall be used for isolation of seriously ill, terminal cases, or non-tuberculous communicable diseases.

NEW CONSTRUCTION: In each nursing unit (beds served from one nursing station with a recommended maximum of 30 beds per station), in infirmary type buildings at least one private room shall be provided for isolation and shall be acoustically treated and sound-proofed. Hand-washing facilities, as defined in Section IV, subsection G, shall be provided.

## B. FURNISHINGS

1. Beds.- At least 25 percent of all beds shall be Gatch beds or equivalent equipped with inner-spring, rubber foam, or equivalent, mattresses. Two pillows of standard size shall be provided for each patient. After discharge of any patient the bed and bed furnishings, bedside furniture, and equipment shall be thoroughly cleansed.

2. Bedding.- A sufficient supply of clean bedding and bed linen shall be kept on hand for use at all times.

3. Storage Space.- There shall be satisfactory storage space for clothing, toilet articles, and other personal belongings of patients.

NEW CONSTRUCTION:- Adequate closet space in private rooms, or lockers in semi-private rooms, shall be provided.

4. Signals.- Means for signaling attendants shall be provided at the bedside of patients confined to bed. In hospitals, other than detached cottage-type institutions, a proper call system shall be provided with a bell cord for each bed, with light over door, and controlling number at nurses' station. In cottage-type sanatoria or detached buildings, used for housing small numbers of patients, a system of signaling attendants shall be provided which can be demonstrated to function effectively.

## VI. FACILITIES AND EQUIPMENT FOR CARE

### A. SPACE REQUIREMENT

There shall be adequate space and facilities for the proper cleansing and storage of nursing supplies and equipment. Suitable provision shall be made for the preparation of medications and treatments. A utensil sterilizer shall be provided.

1. Utility Rooms shall be provided in infirmary buildings and shall have adequate lighting and ventilation. They shall be conveniently located for efficient conduct of work.

2. A bed-pan hopper shall be provided in each utility room or bed-pan cleansing room. The bath-tub, lavatory, or laundry tub shall not be used for cleaning of bed-pans.

3. Operating Rooms.- If surgery is done in the institution, a satisfactory and adequate operating room shall be provided for the type of work performed.

4. Pharmacy.- Biologics shall have adequate refrigeration.

5. Radiology.- There shall be adequate diagnostic x-ray and fluoroscopic

equipment with space for safe handling of patients while taking films, proper dark room facilities, film storage spaces, and view boxes.

6. Laboratory.— Laboratory space shall be provided if the hospital operates and maintains its own laboratory with adequate space and equipment for Hematology, Urinalysis, Bacteriology and sputum examination. If the hospital does not operate its own laboratory, adequate working space, equipment and supplies shall be provided for emergency laboratory work. If reasonable laboratory facilities are not readily available the hospital shall operate its own laboratory.

7. Medical Record Room.— Adequate medical record space shall be provided.

#### NEW CONSTRUCTION:

1. Bed-pan units shall be provided for disposal of contents, washing and direct sterilization of bed-pans.

2. Nurses' Station.— In infirmary type buildings, there shall be one nurses' station provided for each nursing unit. Each nurses' station shall be properly equipped with annunciator board, or equipment for patients' calls. Adequate provision shall be made for medicine cabinet with separate locked section for narcotics, and separate section for poison, cabinet space, bulletin board, telephone, adequate sink with running water, and adequate space provided for keeping patients' charts and for doctors and nurses to make records and charts.

3. Closets.— One linen closet and one supply closet shall be required for each nursing unit. A floor equipment room or recesses shall be provided to accommodate wheel stretchers and wheel chairs.

4. Operating Rooms.— If surgery is done in the institution a satisfactory and adequate operating room shall be provided for the type of work performed.

5. Radiology.— Lavatory and toilet with dressing rooms shall be provided in the x-ray section.

6. Sterilizer Rooms.— Separate sterilizer room shall be required in connection with major surgery units.

#### B. EQUIPMENT FOR BEDSIDE CARE

There shall be sufficient equipment for nursing care according to the type of patients accepted by the institution. This shall include the following:

1. Linens.— Individual towels, wash cloths, and bath blankets (if indicated) shall be provided for each patient. Bed-pan covers shall not be used interchangeably.

2. Utensils.— There shall be a sufficient number of wash basins, mouth-wash cups, sputum receptacles, and bed-pans, plainly marked, for the use of each individual patient, provided that where utensils are sterilized after each use they need not be kept individual. Approved methods of sterilizing such equipment shall be by one of the following methods:

- (a) Submersion in boiling water for a minimum of 15 minutes
- (b) Autoclaving (15 lbs. pressure 250°F. for 20 to 30 minutes)
- (c) Live steam sterilization for a minimum of 5 minutes

3. Thermometers.— There shall be a sufficient number of thermometers to permit adequate disinfection before using.

4. Hot Water Bags.— Hot water bags shall be covered before placing in beds. If electric heating pads are used they shall be maintained in good repair.



#### 5. Restraints.-

General; Restraints may be applied only when they are necessary to prevent injury to the patient or to others, shall be used only when alternative measures are not sufficient to accomplish these purposes, and on written order of physician. In applying restraints careful consideration shall be given to the methods by which they can be speedily removed in case of fire or other emergency. In small hospitals side guards on the bed may be found adequate.

6. Equipment.- Oxygen apparatus, either for nasal oxygen or oxygen tents, shall be provided in adequate amounts.

7. Solution Stands.- Separate solution stands or attachments to the beds shall be provided for the proper administration of intravenous or subcutaneous fluids or solutions.

### C. STORAGE OF MEDICINES

1. All medicines, poisons, stimulants and other drugs or biologicals shall be plainly labeled and stored in a specially designated and well illuminated medicine cabinet, closet, refrigerator, or storeroom and made accessible only to responsible personnel.

2. There shall be separate plainly labeled compartments in the medicine cabinet at the nursing station for the storage of:

- (a) Poisons
- (b) Medications for internal use
- (c) Medications for external use

3. Narcotics shall be stored and dispensed subject to State and Federal Narcotic Regulations.

4. Drugs individually prescribed and medicines for patients who have left the hospital shall be discarded. If there is a pharmacy in the hospital all drugs individually prescribed and medicines for patients who have left the institution shall be returned to the pharmacy.

### D. STERILIZATION OF SUPPLIES

1. Sterilizing Equipment.- There shall be provision for the proper sterilization of dressings, utensils, instruments and solutions.

2. Check of Sterilizer Performance.- The hospital shall adopt a method of checking sterilizer performance approved by the State Department of Public Health. All new autoclaves shall have approved recording thermometers in addition to a standard mercury thermometer and the records of the recording thermometer shall be preserved for one year.

3. Storage of Supplies.- Special precautions shall be taken so that sterile supplies may not be mixed with unsterile supplies.

Adequate cabinets, cupboards, or other suitable enclosed spaces shall be provided for keeping sterile equipment and supplies in a clean, convenient and orderly manner. All sterilization of supplies and equipment in a hospital shall be under the direct supervision of a registered nurse.

### E. HAND-WASHING FACILITIES

1. Adequacy.- Hand-washing facilities (as defined in Section IV, subsection G) shall be provided in examining and treatment rooms; in main and diet kitchens;

in toilet rooms; in utility and other service rooms.

2. Special features in connection with scrub-up sinks in surgical rooms.— Adequate scrub-up sinks for two people to scrub simultaneously shall be provided for each operating room. These sinks shall be so designed as to permit the proper cleansing of hands and arms without breaking technique. These shall have foot, elbow or knee control of the running water. A clock or other equivalent timing device shall be installed over the scrub-up sink.

## VII. PERSONNEL

### A. MEDICAL ATTENDANCE

1. All persons admitted to any institution covered by these standards shall be under the care of a person duly licensed to practice the healing arts in California. The name, address and telephone number of the physician or physicians attending each patient shall be recorded for ready reference.

2. All institutions covered by these standards shall arrange for one or more duly licensed practitioners of the healing arts to be called in emergency.

3. No medication or treatment shall be given in institutions covered by these standards except on the written order of one lawfully authorized to give such order.

4. In sanatoria of 100 or more beds the position of Medical Director or Superintendent shall be full-time. There shall be one full-time physician for each 50 patients.

5. In hospitals or sanatoria which admit five or more physicians to practice in the institution there shall be an organized staff. Satisfactory evidence shall be maintained by the hospital of such organization.

### B. NURSING SERVICE

1. Nurse in Charge.— The Director of Nurses shall have had special instruction or two years experience in tuberculosis nursing.

2. Nursing and Other Personnel.— Sufficient personnel shall be employed to give adequate care to patients both day and night. The hospital shall employ not less than one registered nurse to each 12 patients. Provision shall be made for nursing coverage during vacation or other relief periods.

## VIII. CARE OF PATIENTS

Each patient shall daily be given such PROPER personal attention and care, including personal hygiene, as is ordered or indicated.

For patients isolated for non-tuberculous communicable diseases, an approved contagious disease technique shall be used.

## IX. RECORDS

All records shall be permanent, either typewritten or legibly written with  
11.



pen and ink.

1. A record shall be kept in a satisfactory manner, such as a bound book or permanent file, on a yearly basis, on each patient admitted to any hospital. Records for adults shall be kept for seven years following the date of discharge, and records for minors shall be kept for one year after they reach the age of 21 years.

2. The minimum record shall consist of:

- Name
- Admittance address
- Age
- Sex
- Marital status (M S D W)
- Date of admission
- Date of discharge
- Name and address of person or agency responsible for patient
- Name, address and telephone number of attending physician
- Diagnosis
- Nursing notes
- Medication orders
- Progress notes
- Complete history and physical examination
- Temperature chart, including pulse and respiration
- Admission and working diagnosis
- Laboratory reports of all tests done including x-ray reports
- Condition of patient at time of discharge, with final diagnosis
- Complete surgical record, including anesthetic record,  
pro-operative diagnosis,  
operative procedure and findings,  
post-operative diagnosis, and  
tissue diagnosis on all specimens  
surgically removed

#### X. REPORTS

Any occurrence, such as epidemic outbreaks, poisonings or other unusual occurrences, which threaten the welfare, safety or health of any patient admitted to any of the institutions covered by the Hospital Licensing Law, or the rules and regulations pertaining thereto, shall be immediately reported, either by telephone or telegram to the local health department. The institution shall furnish such other pertinent information related to such occurrences as the State Department of Public Health may require.

All institutions shall submit annual reports to the State Department of Public Health on forms which will be supplied for this purpose.

These reports shall consist of:

- Bed Capacity
- Average percent Bed Occupancy
- Average length of stay
- Total number of patients admitted
- Total number of patients discharged
  - Against Medical Advice
  - With Positive Sputum by concentration or smear methods
- Total number of deaths
  - Due to Tuberculosis
  - Other Causes
- Number of major operations (other than below)

Number of minor operations (other than below)  
Number of thoracoplasty operations  
Number of Phrenic operations  
Number of Pneumothorax refills  
Number of Pneumoperitoneum refills  
Number of autopsies

Patients  
Patients  
Patients  
Patients

Changes in structure or services during year  
Contemplated changes

Adopted by State Board of Public Health  
September 3, 1930



STATE OF CALIFORNIA  
DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF HOSPITAL INSPECTION

PART V (B) REQUIREMENTS FOR TUBERCULOSIS NURSING HOMES

DEFINITIONS

- I. "HOSPITAL" shall mean any institution, place, building, or agency which maintains and operates organized facilities for the diagnosis, care and treatment of human illness, including convalescence and including care during and after pregnancy, or which maintains and operates organized facilities for any such purpose, and to which persons may be admitted for overnight stay or longer. This includes sanatorium, rest home, nursing home, maternity home, lying-in asylum, and clinics providing overnight care.
- II. "HOSPITALIZATION" within the meaning of the Hospital Licensing Law, is admission to any hospital, institution, place, building, or agency which maintains and operates organized facilities for the diagnosis, care and treatment of human illness, including convalescence and including care during and after pregnancy, or which maintains and operates organized facilities for any such purpose, and to which persons may be admitted for overnight stay or longer. This includes sanatorium, rest home, nursing home, maternity home, lying-in asylum, and clinics providing overnight care.
- III. "TUBERCULOSIS NURSING HOMES" A private home or institution which only admits patients with tuberculosis for bed care and does not provide the facilities for care as required of the Tuberculosis Hospitals or Sanatoria shall be considered a Tuberculosis Nursing Home, and shall conform to the requirements as herein set forth.
- IV. GENERAL REGULATIONS: No other type of patient shall be cared for in a Tuberculosis Nursing Home at any time. Boarders and lodgers shall not be accommodated. No children shall reside in a Tuberculosis Nursing Home.

GENERAL

- I. All hospitals shall conform to the rules and regulations adopted by the State Fire Marshal establishing minimum standards for the prevention of fire and for the protection of life and property against fire and panic and shall secure a clearance relative to fire safety from the local fire authority or the State Fire Marshal, certifying that said hospital is complying with the minimum standards of fire prevention and protection established by the State Fire Marshal.
- II. These rules and regulations shall be made available to each employee of the institution and the personnel shall be familiar with the provisions of these rules and regulations.

LICENSE

- I. Separate Licenses Required. - Separate licenses are required for institutions maintained in separate premises, even though they are operated under the same management; provided, however, that separate licenses are not required for separate buildings on the same grounds.
- II. Posting of License. - The license shall be conspicuously posted on the premises in the front office where patients are admitted.
- III. Capacity. - No hospital shall admit more patients than the number of beds for which it is licensed.
- IV. License Not Transferable. - The Hospital License is not transferable. The State Department of Public Health shall be notified of any change in ownership, name or location of the hospital and a new application shall be submitted.

## I. SUBMISSION OF PLANS FOR ALTERATION OR NEW CONSTRUCTION

All new construction shall be required to conform to the Requirements for Tuberculosis Hospitals and Sanatoria, Part V (A).

When alterations or additions<sup>etc</sup> are contemplated the preliminary plans for such construction shall be submitted in quadruplicate to the State Department of Public Health for approval. The preliminary plans shall include, in detail, according to scale the following:

### Plot Plan

1. Size and shape of entire site with over-all dimensions
2. Point of compass and data on prevailing and storm winds where significant
3. Topographical conditons (engineer's survey is required)
4. Location of proposed building on site, its future additons and existing structures
5. Traffic pattern and connections for food circulation, personnel and hospital visitors
6. Service roads and parking areas
7. Buildings on adjacent properties within 40 feet of property lines (indicate only)
8. Existing growth (trees) and natural barriers (rocks, cliffs, streams, etc.)
9. Adjacent streets, highways, sidewalks, railroads, etc. (Designate major highways, county roads, or residential streets)
10. Show existing sewers and public utilities

### Floor Plan

11. Location, sizes and purposes of all rooms
12. Location of all doors, windows, door swings, etc.
13. Location of plumbing fixtures, bulletin boards, built-in equipment and casework
14. General method of heating, ventilating and lighting
15. Over-all dimensions
16. Possible future additons to the building
17. Tentative furniture and equipment layouts, including nurses' stations

### Elevations (same scale as plans, of at least two sides)

18. Finished floor and ceiling levels
19. Finished outside grades
20. Windows, doors, steps, areas, retaining walls, etc.
21. Materials, especially as related to acoustics and maintenance

### Sections (same scale, to explain condition not made clear in other drawings)

#### Miscellaneous

22. Dates of drawings and revisions
23. For auditorium-assembly units of teaching hospitals, seating over 100, evidence that acoustical adequacy has been considered in shape and form

When alterations or additions to existing buildings are contemplated any or all of the above requirements may be waived by specific authorization of the State Department of Public Health upon submission of satisfactory evidence to justify such waiver.

All proposed alterations or additions shall meet the standards of the 1946 Edition of the Uniform Building Code of the Pacific Coast Building Officials Conference. In the event of conflict between the Uniform



Building Code and the rules and regulations of the State Board of Public Health, as they pertain to alterations or additions for hospitals, the standards of the State Board of Public Health shall prevail.

After the preliminary plans and drawings have been submitted and tentatively approved by the State Department of Public Health, within ten days of receipt one copy will be returned to the applicant for corrections. The applicant shall then submit, in quadruplicate, blue prints of working drawings and specifications, with the required revisions, to the State Department of Public Health for comparison with the approved preliminary plans, before contract is let, at which time the State Department of Public Health will formally approve the plans or return same for correction, in which case they are to be re-submitted for final approval. The final approved plans shall then be returned within three weeks.

It is recognized that change orders may be necessary during the course of construction. Telephone or telegraph communication with the State Department of Public Health is required and approval or rejection will be given within a reasonable time on all change orders affecting the health and/or safety of the patient. This approval will be confirmed in writing by both the architect and the State Department of Public Health.

## II. COMMUNICATION

There shall be a telephone in the central building, and additional telephones or extensions as required to summon help promptly in case of fire or other emergency.

## III. PHYSICAL PLANT

### A. CONSTRUCTION

#### EXISTING FACILITIES:

1. Walls and floors shall be of a character to permit either frequent washing, cleaning or painting.
2. The construction of the building shall be such as to prevent the entrance and harborage of rats and other rodents.
3. The building shall be kept in good repair, clean and sanitary at all times.
4. Construction shall provide for the safety and protection of patients and personnel.

### B. HEATING

Heating plant or facilities shall be adequate to maintain a comfortable temperature for patients and personnel in the institution, at all times.

### C. SANITATION

1. Water Supply.- The water supply shall be of safe, sanitary quality, suitable for use, and shall be obtained from a water supply system, the location, construction, and operation of which comply with the standards

approved by the local health department and the State Department of Public Health. The water shall be distributed to adequate and conveniently located taps in the building. Adequate hot water, minimum temperature of 110°F., shall be available.

2. Sewage Disposal.- Sewage shall be discharged into a public sewerage system where such a system is available; or the sewage shall be collected, treated and disposed of in an independent sewerage system; either shall have the approval of the local health department and the State Department of Public Health.

3. Plumbing.- Toilet facilities shall be provided in reasonable ratio according to the number, type and sex of patients cared for, and personnel of the institution.

The plumbing and drainage, or other arrangements for the disposal of excreta and infectious discharges and institutional wastes, shall be in accordance with sections 17456 to 17466 inclusive of the Health and Safety Code and will be used by the State Department of Public Health for approval.

Cross connections in plumbing, between safe and potentially unsafe water supplies are prohibited. This refers particularly to toilets, instrument sterilizers, autoclaves, laundry fixtures, boiler rooms, bed-pan washers, hoppers, or other fixtures of similar nature. Water shall be delivered to any fixture, equipment, or service above the rim, or points of overflow. All submerged intakes to plumbing fixtures are prohibited unless they are satisfactorily protected against back siphonage.

4. Garbage Disposal.- All garbage shall be stored and disposed of in a manner that will not permit the transmission of a contagious disease, create a nuisance, or provide a breeding place for flies. All containers for garbage shall be water-tight, have tight fitting covers, and be rodent proof. Refrigeration of garbage is desirable.

5. Screens.- Adequate screens of sixteen meshes per inch to protect against flies and other insects shall be provided on doors and windows where necessary. No doors shall be in conflict with fire and panic laws.

#### D. LIGHTING

1. Adequacy.- Each patient's room shall be an outside room with a satisfactory amount of unobstructed natural light. The minimum window area shall be not less than one-eighth of the superficial floor area. More window area is highly desirable.

Every room, including storerooms and attic, shall have sufficient artificial lighting facilities so that all parts shall be clearly visible under such artificial lighting.

All hallways, stairways, inclines, ramps, and entrances shall be well lighted.

Lighting fixtures shall be selected and located with a view to the comfort and safety of patients and personnel. Exposed light globes shall not be used, except in closets and storage spaces.

2. Emergency Lighting.- Emergency lighting facilities shall be provided and distributed so as to be readily available to personnel on duty. Flashlights or battery operated lamps shall be in readiness at all times for use. At no time shall open flame type of light be used.



## E. VENTILATION

Buildings shall at all times be adequately ventilated. Kitchens, bathrooms, and service rooms shall be so located and ventilated by window or mechanical means as to prevent offensive odors from entering patients' rooms and the public halls.

## F. ELEVATORS AND STAIRWAYS

1. Elevators.— Elevators and machinery shall be so constructed and maintained as to comply with the regulations of the Division of Industrial Safety, California Department of Industrial Relations.

2. Stairways.— All stairways shall be provided with handrails. All open stairwells shall be protected with guardrails. Non-slip treads are recommended for existing stairways and shall be required in new construction.

## G. LAUNDRY

The institution shall make provisions for the proper cleansing of linen and other washable goods.

If the institution maintains and operates its own laundry, safety guards for laundry machinery shall be provided in accordance with the requirements of the Division of Industrial Safety, California Department of Industrial Relations.

## H. INCINERATION

Adequate incineration facilities shall be provided for the disposal of infected dressings, surgical and obstetrical wastes, and other similar materials; if incomplete combustion occurs facilities shall be provided for auxiliary firing of incinerator.

# IV. FOOD SANITATION

## A. FACILITIES FOR PREPARATION AND SERVING OF FOOD

There shall be adequate facilities for the proper preparation and serving of food for both patients and personnel.

## B. FOOD STORAGE

1. Storerooms.— Adequate storerooms shall be clean and well ventilated. All food shall be so stored as to be protected from dust, flies, rodents, vermin, unnecessary handling, droplet infection, overhead leakage, or other source of contamination. Poisons or drugs shall not be stored or kept with food or in such a manner that they might be mistaken for food.

2. Refrigeration.— All perishable food shall be adequately refrigerated. There shall be a reliable thermometer in each refrigerator at all times and in storerooms used for perishable food.

## C. CLEANSING AND DISINFECTION OF DISHES

All multi-use utensils used for eating, drinking, and the preparation or serving of food and drink shall be effectively cleansed and disinfected after each usage. Gross food particles should be removed by careful scraping and pre-rinsing in running water. The dishes shall be thoroughly washed in hot water, minimum temperature of 110°F., using an adequate amount of effective

soap or detergent. Following this, the utensils shall be rinsed in hot water to remove soap, and disinfected by one of the following methods, or the equivalent, as approved by the State Department of Public Health;

1. Immersion for at least 2 minutes in clean water at least 170°F.
2. Immersion for at least one-half minute in boiling water

Results obtained with dishwashing machines shall be equal to those obtained by the methods outlined above.

After disinfection, the utensils shall be allowed to drain and dry in racks or baskets on non-absorbent surfaces. Drying cloths are not recommended. Dishes shall be stored in closed cupboards.

#### D. CONSTRUCTION OF GLASS-FILLING DEVICES

Every mechanical water glass-filling device shall be constructed so as to prevent any contact of the upper one-third of the glass with the device, and in addition, so that no portion of the device extends into the glass.

#### E. ICE

All ice used in contact with food or drink shall be from a satisfactory source, and handled and dispensed in a sanitary manner.

#### F. MILK SUPPLY

There shall be a safe milk supply. Pasteurized Grade A milk or Certified milk shall be provided.

#### G. HAND-WASHING FACILITIES FOR FOOD HANDLERS

There shall be adequate hand-washing facilities, with soap, running water, and an adequate supply of individual towels, in all kitchens, including diet kitchens, and in wash-rooms used by food handlers. Use of a common towel is prohibited.

### V. ACCOMMODATIONS FOR PATIENTS

#### A. ROOMS

1. Location.— Each patient's room shall have an outside exposure. Rooms extending below ground level shall not be used for patients unless they are dry, well ventilated, have the required window space, and otherwise suitable for occupancy.

#### ALTERATIONS OR ADDITIONS

- (a) No patient's room shall be allowed below ground level.
- (b) All semi-private rooms shall be provided with cubicle curtains or equivalent equipment.

2. Floor Area.— Rooms shall be of sufficient size to allow not less than 60 square feet of superficial floor space per bed with at least  $3\frac{1}{2}$  feet between beds. EXCEPTION: The  $3\frac{1}{2}$  feet between beds is not required where there is a solid barrier between beds at least 6 feet high extending the entire length of the bed.

#### ALTERATIONS OR ADDITIONS

- (a) There shall be 70 square feet of superficial floor space per



bed in wards with at least 4 feet between beds. EXCEPTION: The 4 feet between beds is not required where there is a solid barrier between beds at least 6 feet high extending the entire length of the bed.

(b) Private rooms shall have a minimum of 100 square feet of floor area.

(c) In cottage-type construction there shall be 70 square feet of superficial floor space per bed for multiple-patient areas with at least 4 feet between beds.

(d) In cottage-type construction there shall be 100 square feet of superficial floor space for single-patient areas.

### 3. Doors.

#### ALTERATIONS OR ADDITIONS

All doors to patients' rooms, except closets and cupboards, shall have a minimum width of 3 feet 10 inches, except in cottage-type construction.

4. Isolation Room.— There shall be made available a room or rooms which shall be used for isolation of seriously illn, terminal cases, or non-tuberculous communicable diseases.

## B. FURNISHINGS

1. Beds.— At least 25 percent of all beds shall be Gatch beds or equivalent equipped with inner-spring, rubber foam, or equivalent mattresses. Two pillows of standard size shall be provided for each patient. After discharge of any patient the bed and bed furnishings, bedside furniture, and equipment shall be thoroughly cleansed.

2. Bedding.— A sufficient supply of clean bedding and bed linen shall be kept on hand for use at all times.

3. Storage Space.— There shall be satisfactory storage space for clothing, toilet articles, and other personal belongings of patients.

ALTERATIONS OR ADDITIONS.— Adequate closet space in private rooms, or lockers in semi-private rooms, shall be provided.

4. Signals.— Means for signaling attendants shall be provided at the bedside of patients confined to bed. In hospitals, other than detached cottage-type institutions, a proper call system shall be provided with a bell cord for each bed, with light over door, and controlling number at nurses' station. In cottage-type sanatoria or detached buildings, used for housing small numbers of patients, a system of signalling attendants shall be provided which can be demonstrated to function effectively.

## VI. FACILITIES AND EQUIPMENT FOR CARE

### A. SPACE REQUIREMENT

There shall be adequate space and facilities for the proper cleansing and storage of nursing supplies and equipment. Suitable provision shall be made for the preparation of medications and treatments. A utensil sterilizer shall be provided.

1. Utility Rooms shall be provided in infirmary buildings and shall have adequate lighting and ventilation. They shall be conveniently located for

efficient conduct of work.

2. A bed-pan hopper shall be provided in each utility room or bed-pan cleansing room. The bath-tub, lavatory, or laundry tub shall not be used for cleaning of bed-pans.

3. Operating Rooms.- If surgery is done in the institution, a satisfactory and adequate operating room shall be provided for the type of work performed.

4. Pharmacy.- Biologics shall have adequate refrigeration.

5. Radiology.- If Pneumothorax or Pneumoperitoneum is done in the institution there shall be a satisfactory fluoroscope. There shall be provision for diagnostic x-ray facilities readily accessible to the institution.

6. Laboratory.- Adequate laboratory service shall be provided in the institution or shall be readily accessible in an outside laboratory.

#### B. EQUIPMENT FOR BEDSIDE CARE

There shall be sufficient equipment for nursing care according to the type of patients accepted by the institution. The following is not a complete list of nursing equipment needed for the care of patients; the aim, rather, has been to include certain minimum essentials and point out special precautions which shall be taken in their use.

1. Linon.- Individual towels, wash cloths, and bath blankets (if indicated) shall be provided for each patient.

Bedpan covers shall not be used interchangeably.

2. Utensils.- There shall be a sufficient number of wash basins, mouth-wash cups, sputum receptacles, and bedpans, plainly marked, for the use of each individual patient, provided that where utensils are sterilized after each using they need not be kept individual. Approved methods of sterilizing such equipment shall be by one of the following methods:

(a) Submersion in boiling water for a minimum of 15 minutes

(b) Autoclaving (15 lbs. pressure 250°F. for 20 to 30 minutes)

(c) Live steam sterilization for a minimum of 5 minutes

3. Thermometers.- There shall be a sufficient number of thermometers to permit adequate disinfection before using.

4. Hot Water Bags.- Hot water bags shall be covered before placing in beds. If electric heating pads are used they shall be maintained in good repair. (It is recommended that hot water bags, if used, should be checked to see that the water is not too hot and that the bags are not leaking.)

5. Restraints.-

General: Restraints may be applied only when they are necessary to prevent injury to the patient or others, shall be used only when alternative measures are not sufficient to accomplish these purposes, and on written order of physician. In applying restraints careful consideration shall be given to the methods by which they can be speedily removed in case of fire or other emergency.

In small institutions (6 patients or less) side guards on the bed may be found adequate.

6. First Aid.- Equipment and supplies for first aid shall be readily available at all times.

#### C. STORAGE OF MEDICINES

1. All medicines, poisons, stimulants and other drugs or biologicals shall be plainly labeled and stored in a specially designated and well illuminated medicine cabinet, closet, refrigerator, or storeroom and made accessible only to responsible personnel.

2. Narcotics shall be stored and dispensed subject to State and Federal Narcotic Regulations.

3. Drugs individually prescribed and medicines for patients who have left the institution shall be discarded.



#### D. STERILIZATION OF SUPPLIES

1. Sterilizing Equipment.— There shall be provision for the proper sterilization of dressings, utensils, instruments and solutions, if such are used in the institution.

2. Check of Sterilizer Performance.— The hospital shall adopt a method of checking sterilizer performance approved by the Department.

3. Storage of Supplies.— A cabinet, cupboard, or other suitable enclosed space shall be provided for keeping sterile equipment and supplies in a clean, convenient and orderly manner. Special precautions shall be taken so that sterile supplies may not be mixed with unsterile supplies.

#### E. HAND-WASHING FACILITIES

Adequacy.— Hand-washing facilities (as defined in Section IV, subsection G) shall be provided in examining and treatment rooms; in main and diet kitchens; in utility and other service rooms; in toilet rooms; and in rooms used for isolation of patients. Lavatories in other patients' rooms are desirable.

### VII. PERSONNEL

#### A. MEDICAL ATTENDANCE

1. All persons admitted to any institution covered by these standards shall be under the care of a person duly licensed to practice the healing arts in California. The name, address and telephone number of the physician or physicians attending each patient shall be recorded for ready reference.

2. All institutions covered by these standards shall arrange for one or more duly licensed practitioners of the healing arts to be called in emergency.

3. No medication or treatment shall be given in institutions covered by these standards except on the written order of one lawfully authorized to give such order.

#### B. NURSING SERVICE

1. Nurse in Charge.— There shall be a registered nurse responsible for the nursing service of all institutions having more than six (6) patients.

2. Nursing and Other Personnel.— Sufficient personnel shall be employed to give adequate care to patients both day and night. Provisions shall be made for nursing coverage during vacation or other relief periods.

### VIII. CARE OF PATIENTS

Each patient shall daily be given such PROPER personal attention and care, including personal hygiene, as is ordered or indicated.

For patients isolated for non-tuberculous communicable diseases, an approved contagious disease technique shall be used.

## IX. RECORDS

All records shall be permanent , either typewritten or legibly written with pen and ink. Records for adults shall be kept for seven years following the date of discharge. Records for minors shall be kept for one year after they reach the age of 21 years.

1. A record shall be kept in a satisfactory manner, such as a bound book or permanent file, on a yearly basis, on each patient admitted to any hospital.

2. The minimum record shall consist of:

- Name
- Admittance address
- Age
- Sex
- Marital status (M S D W)
- Date of admission
- Date of discharge
- Name and address of person or agency responsible for patient
- Name, address and telephone number of attending physician
- Diagnosis
- Nursing notes
- Medication orders
- Progress notes
- Complete history and physical examination
- Temperature chart, including pulse and respiration
- Admission and working diagnosis
- Laboratory reports of all tests done including x-ray reports
- Condition of patient at time of discharge ,with final diagnosis

## X. REPORTS

Any occurrence, such as epidemic outbreaks, poisonings or other unusual occurrences, which threaten the welfare, safety or health of any patient admitted to any of the institutions covered by the Hospital Licensing Law, or the rules and regulations pertaining thereto, shall be immediately reported, either by telephone or telegram to the local health department. The institution shall furnish such other pertinent information related to such occurrences as the State Department of Public Health may require.

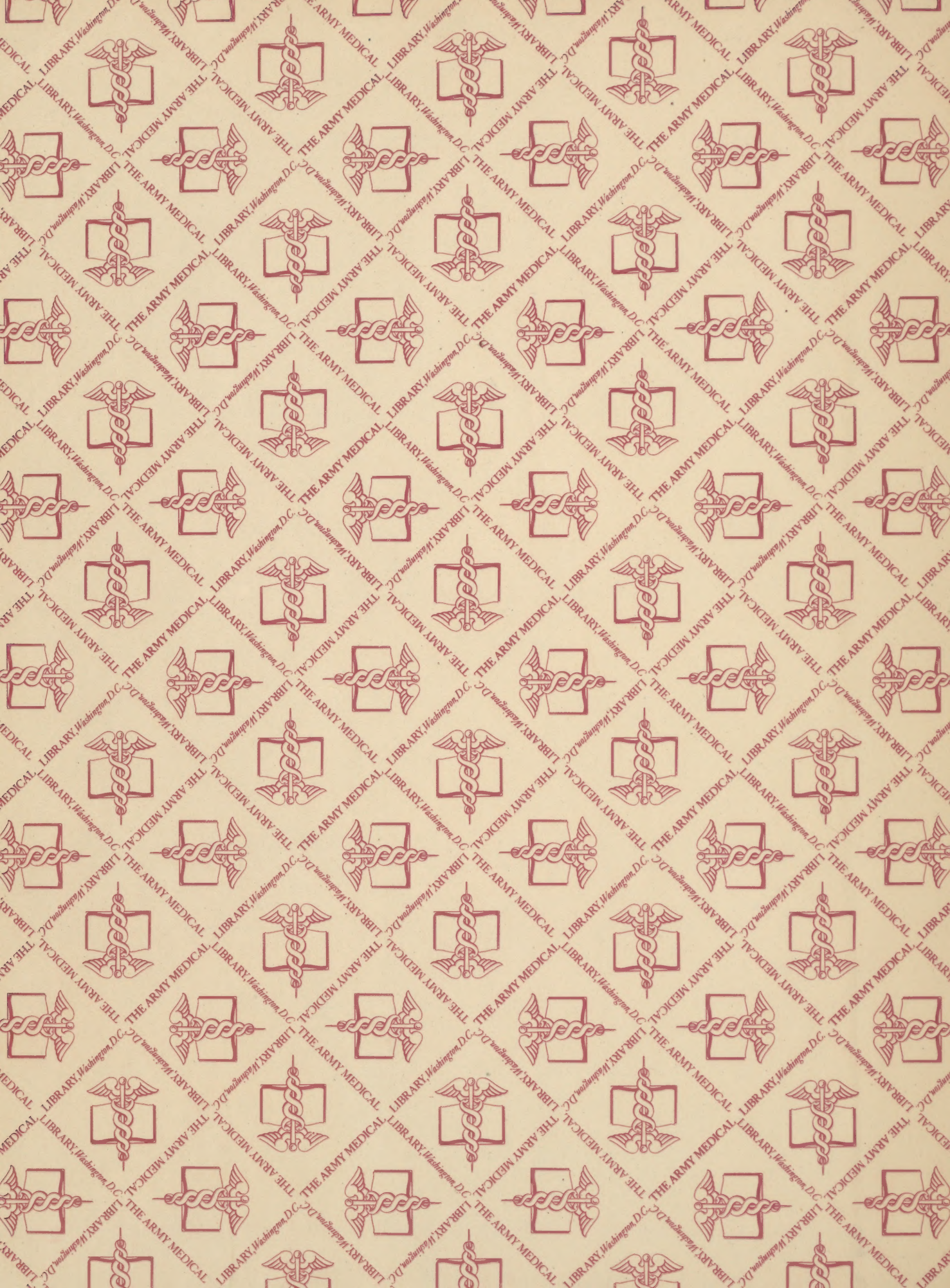
All institutions shall submit annual reports to the State Department of Public Health on forms which will be supplied for this purpose. These reports shall consist of:

Bed capacity	Average percent bed occupancy
Average length of stay	
Total number of patients admitted	
Total number of patients discharged	
Against medical advice	
With positive sputum by concentration or smear methods	
Total number of deaths	
Due to Tuberculosis	
Other causes	
Number of Pneumothorax referrals	Patients
Number of Pneumoperitoneum referrals	Patients
Number of autopsies	
Change in structure or services during year	
Contemplated changes	

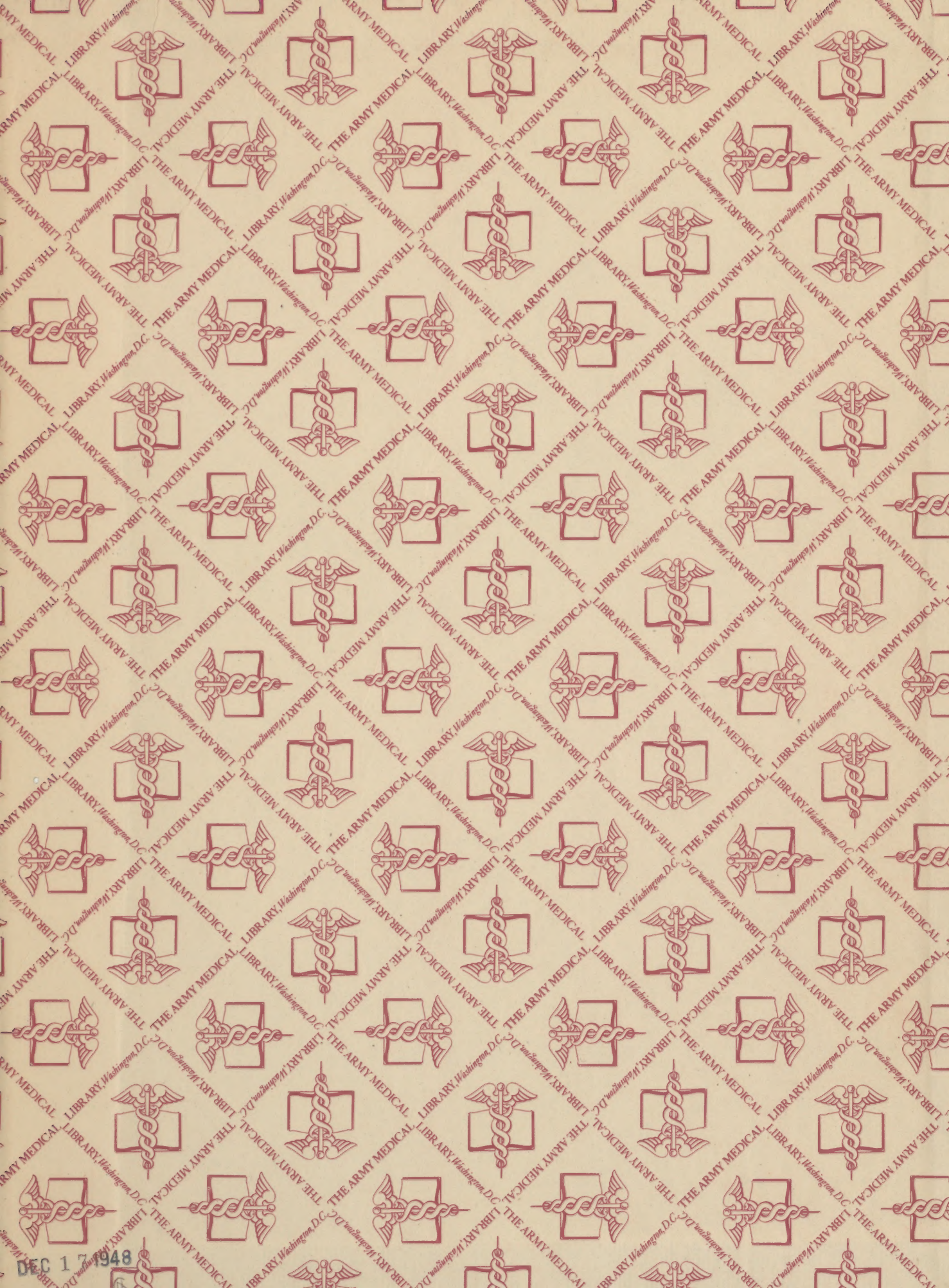












DEC 17 1948



WX 27 AC2 qD6r 1946

53110430R



NLM 05278316 6

NATIONAL LIBRARY OF MEDICINE